

Outcome S1: Children are first and foremost, protected from abuse and neglect.

GOAL: Nebraska will increase the percentage of cases that are determined to be in substantial conformity with the Federal Outcome SI: Children are first and foremost protected from abuse and neglect. By 07-01-05 from 77% to 80%.

Evaluation method: N-FOCUS Data Reports

Baseline: 77% established during the 2002 CFSR

Item1. Timeliness of initiating initial assessments of reports of child maltreatment

Goal Negotiated Measure: % of Improvement: Nebraska will improve response times to initiating initial assessments of reports of child maltreatment. By 07-01-04 from 42% to 65% and from 07/01/04 to 07/01/05 to improve response rates to 85%.

Baseline: 42% established during the 2002 CFSR.

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact ¹	Benchmarks	Date Projected	Date Actual	Progress Report
<p>1.1 Strengthen policy and practice related to the intake process to include:</p> <ul style="list-style-type: none"> time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect, steps to appropriately identify the child and family's culture and heritage staff to gather information about non custodial parent and other relatives, assignment of reports within established priorities and timeframes. 	Todd Reckling	<p><i>Item 1</i> Timeliness of initiating initial assessments of reports of child maltreatment . (1.1., 1.3., 1.7);</p> <p><i>Items 2</i> Repeat Maltreatment (2.1.);</p> <p><i>Item 14</i> Preserving Connections (14/1);</p> <p><i>Item 15</i> Relative Placement (15.1)</p>	1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	<p>1st Quarter: New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process. This group includes the Protection and Safety Administrators (PSA) and Resource Development Administrators (RDA) from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Intake Policy issues were discussed at the CCP group meeting number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at these meetings. CCP meetings occurred on February 25-27; April 7-8; July 15-17; and September 3-4; and November 07, 2003. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss safety and risk issues for policy/guidebook. The desired Specialized Intake tool and process included time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect Time lines for the Intake Report to be investigated/assessed were established to be tested.</p> <p>The CCP workgroup also specified that all investigations/assessments are to be completed and on the N-FOCUS System within 45 days. A draft of the new comprehensive assessment is still being revised and has</p>

¹ . References cited correspond to the action steps from the original PIP.

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<ul style="list-style-type: none"> defines what constitutes a “new” report of child abuse/neglect vs. additional information on an existing report define what constitutes a report of repeat maltreatment 						<p>not yet been finalized. An Administrative Memo will be distributed 02/04. Subsequent policy will be distributed as the new rules and regulations/guidebook when formally approved. HHS is currently operating under existing policy with additional guidance provided in the newly developed “Intake Desk Aid” and training.</p> <p>The CCP team decided at its first meeting in February 2003 that the rules and regulations “policy” book and worker guidebook needed to be contained together in one document.</p> <p>2nd Quarter: (Note that the following progress reporting relates to all benchmarks in Action Step 1.1.) Improvements and revisions to the Intake tools and processes continued during the second quarter. Cathy Welsh and Denise Gonzales from the Child Maltreatment Resource Center came to Nebraska during January 2004 to participate in an overall assessment of the Nebraska intake system, including a “Case Review” of Intakes from the Eastern Service Area (Omaha) office only. Omaha receives the largest volume of intake reports, and it was the test site for the new specialized intake. The case read review looked at Intakes from 2002 and 2003 from the months of July to December. The case read review was designed to gather information related to case practice as well as to address policy practice and needs. The analysis of the case read is currently being completed and a report should be available in mid March 2004. As part of the broader assessment of the intake system, Todd Reckling and Quality Assurance Administrator (Quality Administrator) had the opportunity to conduct interviews with the Omaha Specialized Intake staff and Omaha Initial Assessment staff on January 07, 2004 regarding Intake functions. A conference call with specialized Intake Supervisors and Administrators from the Central and Western Service Areas regarding Intake also occurred on January 07, 2004.</p> <p>Throughout the months of late November 2003 to February 2004 there were adjustments in the decision-making process within the HHS system. The Service</p>

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						<p>Area Chief Executive Officers became more involved in the Intake process. This coupled with the departure of Director Ron Ross in early January 2004 necessitated some temporary changes to implementation planning. During the months of December 2003, and January and February 2004 there were various meetings between the new Administrator for Protection and Safety (Al Jensen) and the 3 Service Area CEO's to make some revisions to the Intake process, practices, and policies. There was a meeting held on January 27 and 28th with the CEO's, Dennis Loose, Deputy Director, the training unit, human resources, Todd Reckling, Quality Assurance Administrator and others to discuss Intake policies and practices and to provide further direction on the project.</p> <p>Each service area has identified an "Intake Liaison" to represent their respective service area regarding all intake issues. Michelle Eby represents the Western Service Area, Cindy Williams and Jana Peterson represents the Central Service Area, and Kathy Jones in the Eastern Service Area. This workgroup in addition to a representative from training are currently working on improvements and revisions to the Intake tools and processes. They have a meeting scheduled for March 04, 2004 in Kearney. The QA Administrator is also a part of this workgroup, using the intake project as some of the first steps at a comprehensive quality assurance system.</p> <p>On February 10, 2004 there was a Protection and Safety Administrators Meeting/CCP meeting devoting substantial time and focus to planning for further Intake revisions and improvements. Based on the preliminary findings of the case read, the administration determined that the most immediate task needing to be completed regarding Intake functionality was for the state to clearly define "safety" and "risk" and set more concrete criteria around these issues. The chartered as the Nebraska Family Portrait (NFP) workgroup identified a smaller workgroup to define and set criteria for safety and risk. This safety and risk group had a conference call on February 20, and there is a meeting planned for March 04, 2004. Cathy Welsh, National Child Welfare</p>

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						<p>Resource Center on Maltreatment, will serve as consultant for this intake system improvement project.</p> <p>The Governor's Children's Task Force concluded its work in mid December 2003. Director Ron Ross as well as an administrator, two staff persons, and various others such as Todd Reckling, and Gail Steen from HHS legal represented HHS at the meetings. The Department was intricately involved in the activities in the Child Death Review Team Findings that reported out on 30 child deaths over the past 5 years. HHS also provided information, data and reports on caseloads, intakes, investigations/assessments, staffing, recruitment, retention, grants, services, policies, practices, etc. As a result of the task force findings, Governor Mike Johanns has proposed allocation of additional resources to the department. The legislature is currently in session and debating the proposals and recommendations. Governor Johann's recommendations include efforts toward prevention, accountability, and investigation and prosecution collaboration. If the Governor's package is approved, there could potentially be up to an additional 80 CPS workers, 8 supervisors, and 32 support staff for a total of 120 new staff positions. A proportion of the workers would be committed to the Intake function and assessment function. The figures are still being solidified and debated. The department has been busy the past several months strategizing how best to allocate any new positions that might be approved. The department has been making plans as to how to more effectively recruit, train, supervise and retain Intake workers as well as other protection and safety staff.</p> <p>The Department has recently supported a protocol developed to promote the safety of children exposed to methamphetamines. The protocol describes how first responders such as law enforcement officers and CPS workers need to assure the safety of children at the scene, other exposed children and themselves. The protocol was endorsed by Governor Johanns on February 19, 2004. The protocol has been distributed to HHS Protection and Safety Administrators and they will be disseminating it to</p>

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						<p>supervisors and workers. The protocol is also available on the Internet on the Center for Children Families and the Law website. Protection and Safety staff also has a quick link to the protocol through the HHS Intranet. The newly developed Children Exposed to Methamphetamine Laboratories (CHEM-L) protocols will ensure that when children are exposed, potential health risks are assessed and medical attention is provided when needed. The new protocols will also ensure that people who care for these children, such as foster parents, receive health-related information. Nebraska U.S. Attorney Mike Heavican, along with the Midwest High Intensity Drug Trafficking Area program, coordinated the effort to implement these protocols as part of the Drug Endangered Children (DEC) program. While many states have DEC initiatives, Nebraska is believed to be the first to have a statewide protocol endorsed by health and medical professionals, state leaders and law enforcement. The objective of the protocol is to improve the safety and medical care of children under 18 who are found in association with a clandestine methamphetamine laboratory. This protocol defines best practices for gathering information at the scene, assessing the child's medical needs, gathering medical evidence and providing appropriate information. To view the entire protocol go the Department of Health and Human Services website at: www.hhss.state.ne.us</p> <p>The Supervisory workgroup has continued to meet throughout this second quarter and they continue to discuss the role and responsibility of the supervisor during the intake process and throughout the life of a case. The workgroup is also revising the current initial and ongoing training for workers and supervisors. Todd Reckling attended a meeting with the group on January 30, 2004. Mary Osborne, Todd Reckling and Jana Peterson discussed with the group the information they heard from the CEO's and Al Jensen on January 27 & 28, 2004. This direction is that the supervisor training needs to be given priority. The workgroup has draft products for worker and supervisor training and is developing a draft regarding the expectations for supervisors. Jana Peterson presented this information at the PSA/CCP</p>

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						meeting on February 10, 2004.
			2. Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	1st Quarter: It was determined by the CCP workgroup that NE wanted to specialize the Intake function. Rather than all the local offices taking abuse and neglect reports, it was determined that 2 offices in each of the three service areas would be designated as Specialized Intake Sites. The sites identified were Omaha and Lincoln for the Eastern Service Area, Norfolk and Kearney in the Central Service Area, and North Platte and Alliance in the Western Service Area. It was also determined that rather than the Child Abuse and Neglect 24/7 Hotline being housed in Omaha only, the hotline would “roll-over” to each of the 6 specialized intake offices. The Eastern Service Area (Omaha/Papillion) was selected as the “test pilot” site for the new Intake Report tool and specialized intake process. The “Intake Test Pilot” started on July 15, 2003 and ran until September 15, 2003.
			3. Evaluate results of the pilot and make adjustments to policy and training as needed	09/03	09/03	1st Quarter: Continuous evaluation was conducted by the Eastern Service Area Administration, and the CCP leads with appropriate adjustments to the new Intake Tool and process during the months of July, August, and September. CCP leads had conference calls and went to Omaha in August and September to “debrief” with the Intake staff, supervisors, and administrators in the Eastern Service Area. Data on the test pilot was collected by the Eastern Service Area to assist in determining adjustments necessary. 2nd Quarter: During the month of December 2003 it was determined by the CEO’s and Central Office Administration that due to technical complications across the state and other related reasons, that the Intake “Hotline” would not rotate between the 6 specialized intake sites during regular business hours, but rather the calls would stay within each of the three services areas respectively. After 5:00 p.m., week-ends and holidays all calls will be routed through the 800 number in Omaha. The Central Service Area has decided to go to one site (Kearney) rather than two sites (Kearney and Norfolk). This change is planned to occur in March 2004. There are currently 5 specialized intake sites.

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						<p>When the specialized intake process was initially implemented in the fall of 2003, there were six (6) specialized intake sites across the state of Nebraska. There were as follows: 1) Omaha; 2) Lincoln; 3) Norfolk; 4) Kearney; 5) North Platte; and 6) Alliance. In December, the three Chief Executive Officers in each of the respective service areas and administrative staff from Central Office determined that the phone system would be operated in an alternative manner. Instead of the phones ringing from one site to the next through all six of the sites, the calls would stay within the service area and each service area would support its primary and secondary site, but not have to support the other state sites. Omaha and Lincoln sites, because of the volume of their calls, have also separated from one another in terms of support and now only support their individual site. Thus, in the Eastern Service Area, Omaha takes intakes and if workers are not available, the caller goes into voice mail. In Lincoln, if an intake worker is not available the caller goes to voice mail. In the Central Service Area, calls go to the Norfolk or Kearney office based on the prefix of the caller. If intake workers in Norfolk cannot take a call, the caller is transferred to Kearney. If a Kearney worker would also happen to be unavailable, the caller goes to voice mail in Kearney. Calls that are routed to Kearney stay in Kearney and if an intake worker is unavailable the caller goes to voice mail. In the Western Service Area, calls go to the North Platte or Alliance office based on the prefix of the caller. If intake workers in Alliance cannot take the call, the caller is transferred to North Platte. If a North Platte worker would also happen to be unavailable, the caller goes to voice mail. Calls that are routed to North Platte stay in North Platte and if an intake worker is unavailable the caller goes to voice mail.</p> <p>In addition to the phone system “rolling” procedural change, a decision was made by the CEO in the Central Service Area to consolidate from two specialized intake sites down to one for improved effectiveness and efficiency. This change has not yet occurred. It was originally planned for March 2004, but will occur most</p>

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						likely in April or May 2004 as staff are still be shifted and hired. Therefore, there will be five (5) specialized intake sites across the state instead of the originally planned six sites.
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03	Pilot training 07/03 and statewide 10/03	1st Quarter: Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leads met with the trainers and University of Nebraska Center for Children, Families and the Law (CCFL) staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
			5. Train worker and supervisory staff statewide on written policy. Managers and supervisors will conduct initial training.	11/03	11/03	1st Quarter: The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling CO administrator, and the Eastern Service Area PSA’s (Maria Lavicky and Kathy Jones) delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads, and other PSA’s trained all the specialized intake supervisors and administrators from the intake sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
			6. Completed training sign in sheets will be submitted to the PSA for the staff in that	11/03	11/03	1st Quarter: Sign-in sheets are maintained with training attendance records at the University of Nebraska Center

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			area.			for Children Families and the Law. The number of attendees attending these sessions included: 07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
			7. Written policy disseminated through Administrative Memo.	11/03 02/04 07/04		<p>1st Quarter: Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.</p> <p>2nd Quarter: Extension request to 07/04 to be consistent with dissemination with other policies.</p> <p>On February 10, 2004 there was a Protection and Safety Administrators Meeting/CCP meeting devoting substantial time and focus to planning for further Intake revisions and improvements. Based on the preliminary findings of the intake system assessment, the administration determined that the most immediate task needing to be completed regarding Intake functionality was for the state to clearly define “safety” and “risk” and set more concrete criteria around these issues. The chartered NFP workgroup identified a smaller workgroup to define and set criteria for safety and risk. This safety and risk group had a conference call on February 20, and there is a meeting planned for March 04, 2004. Cathy Welsh, National Child Welfare Resource Center on Maltreatment, will serve as consultant for this intake system improvement project.</p> <p>4th Quarter: Extension Requested to 10/04. Additional work was conducted in June and July 2004 on the Intake</p>

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						<p>tool, process, practices and policies related to Intake based on feedback from field staff and other staff. Additional adjustments, clarifications, and revisions were made to further distinguish safety factors, risk factors, child's vulnerability, parental protective capacity, history of abuse/neglect within the family, and severity of the incident. Additional revisions were made to the criteria for the priority levels 1, 2, and 3. Timeframes have been established for both the time from intake to initial response, and time from intake to case completion.</p> <p>The revisions for Intake are being finalized at this time. The information is being drafted into and Administrative Memo that will be out in October.</p> <p>All Supervisors from across the state received training on HHS' new Accountability Plan expectations for supervisors and workers related to Intake performance measures as well as other performance measures at a Training Conference held on June 15 and 16, 2004 in Grand Island by state administrative staff.</p> <p>Intake Workers, Supervisors, and Initial Assessment workers are receiving updated Intake Training in October 2004. It is mandatory for all staff to attend one of two 2-day sessions scheduled for October 20 & 21, or October 27 & 28.</p>
.			8. Policy implemented statewide.	11/03 02/04 07/04		<p>1st Quarter: Extension requested to 02/04. The new Intake Tool and Specialized Intake Process were implemented on December 01, 2003. An Administrative Memo will be distributed 01/04</p> <p>2nd Quarter: Extension request to 07/04. See above</p> <p>4th Quarter: Extension Requested to 10/04 to follow distribution of administrative memo. See Above</p>

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1.2 Enhance the N-FOCUS system to provide an accurate intake date	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.2)	1. System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	07/03	12/02	1st Quarter: N-FOCUS Business Analyst completed the System Investigation Request (SIR) for the actual Intake received date to be entered into N-FOCUS. SIR#18263 was completed.
			2. Change to current system code is made	07/03	02/03	1st Quarter: N-FOCUS Business Analyst changed the system code on 02-06-2003.
			3. Code testing is completed and system is stable	07/03	02/03	1st Quarter: N-FOCUS Business Analyst code tested the change to assure the system was stable on 02-11-2003.
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	07/03	02/03	1st Quarter: The Release Notes on Lotus Notes was issued on 02/03 to workers statewide.
1.3 Implement specialized intake staffing structure to receive reports of abuse and neglect and to determine acceptance for assessment to ensure that comprehensive assessments are consistently accepted and assigned in a timely manner	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.4)	1. Conduct workload analysis to determine number of staff needed to implement specialized intake staffing.	03/03	03/03	<p>1st Quarter: A Workload Analysis study was completed in March 2003 by the CCP workgroup. This workload analysis determined that the number of Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers. These numbers were based on the number of Intake calls received for Calendar year 2001. The figures used included 90 minutes for fully taking and processing an Intake report, and 15 minutes to receive and process a screened out report.</p> <p>2nd Quarter: Todd Reckling has been working on an updated workload analysis study utilizing Intake information from the years 2002 and 2003. The study will be used to request additional intake staff to fulfill the requirements of the intake functions. A proposal for additional intake staff is currently being completed and will be submitted by the first week in March to Al Jensen and the CEO's.</p> <p>For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.</p>
			2. Identify and assign specialized staff for pilot site for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	07/03	07/03	1st Quarter: The Eastern Service Area identified and assigned staff for the test site in Omaha. Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers.

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			3. Identify and assign specialized staff statewide for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	09/03	09/03	<p>1st Quarter: The other service areas identified the location and staff for the new specialized intake. The offices identified are: Western Service Area -North Platte and Alliance; Central Service Area-Kearney and Norfolk; and Eastern Service Area Omaha/Papillion and Lincoln. Intake Supervisors are as follows: WSA-Jerilynn Crankshaw and Tracy Felker as backup supervisor, CSA-Brenda Roetman and Larry Boyd with Sharyn Hjorth as backup supervisor, and ESA-Sherry Buhrmann. The Eastern Service Area is in the process of determining whether or not they can shift resources enough to allocate another 1-2 FTE positions as responsible for supervision of Intake.</p> <p>2nd Quarter: During the month of December 2003 it was determined by the CEO's and Central Office Administration that due to technical complications across the state and other related reasons, that the Intake "Hotline" would not rotate between the 6 specialized intake sites during regular business hours, but rather the calls would stay within each of the three services areas respectively. After 5:00 p.m., week-ends and holidays all calls will be routed through the 800 number in Omaha. The Central Service Area has decided to go to one site (Kearney) rather than two sites (Kearney and Norfolk). This change is planned to occur in March 2004.</p>

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			4. Identify and secure necessary phone equipment	07/03	12/03	<p>1st Quarter: Originally the statewide child abuse and neglect Hotline was operated solely by Omaha Project Harmony staff from the Eastern Service Area. As part of the specialized Intake process, it was determined by the CCP workgroup that the former hotline staffed only in Omaha would now roll over to each of the 6 specialized Intake Offices (North Platte and Alliance in the Western Service Area, Kearney and Norfolk in the Central Service Area, and Omaha and Lincoln in the Eastern Service Area.) in the 3 service areas. Specific phone equipment such as additional lines, special phones, and headsets for workers were identified and ordered in October and November 2003. The new phone equipment is currently in use in each of the specialized sites. Additional phone lines were also installed in offices to accommodate workers in having lines to call out from to make contact with collateral persons also having information about a child or family.</p> <p>There were some technical and staffing issues with the phone system when it was implemented on December 1, 2003. Immediately after statewide implementation, further assistance was received from the Division of Communications to fix the mechanical issues. Additional instructions and directions were shared with staff regarding technical operation of the new phones, the roll-over system process and staff coverage.</p>

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			5. Training developed in collaboration with HHS Training, CCFL and NRCs.	11/03	Pilot training 07/03 and statewide 10/03	<p>1st Quarter: Training was developed collaboratively. HHS training unit Leader was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.</p> <p>As the number of Intake Reports has increased in Omaha, the ESA administrator has been shifting additional staff to the Intake Unit and the Comprehensive Assessment Unit to fulfill the demand for intake and assessment workers.</p>
			6. Train specialized intake staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	<p>1st Quarter: The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling and the Eastern Service Area PSA Maria Lavicky, and administrator Kathy Jones delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads and other PSA’s trained all the specialized intake supervisors and administrators from the intake Sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.</p>
			7. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	<p>1st Quarter: Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included:</p>

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						07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
			8. Implement staffing changes	11/03	11/03.	1st Quarter: As the number of accepted Intake Reports has increased in Omaha, the ESA administrators have been trying to forward fill PSW workers, as well as shifting additional staff to the comprehensive assessment unit to fulfill the demand for assessment workers.
1.4 Develop and implement methods for measuring compliance with intake policy 1.1.	Quality Assurance Administrator	Item 1. Timeliness of initiating initial assessments (1.5, 1.6, 1.8); Item 2. Repeat maltreatment . (2.2)	1. Policy developed and implemented in pilot site to require supervisor decision to accept the intake for comprehensive assessment.	07/03	07/03	1st Quarter: Pilot site date met. However, there are feasibility issues with the method of requiring supervisor decision to accept the intake. As part of the training on the new Intake tool and process, workers and supervisors were instructed to accept or deny Intake report allegations based on current HHS policy definitions for sexual abuse, physical abuse and neglect, and emotional abuse and neglect. The new Intake Report has instructions, Maltreatment Screening Tools and Priority Response and Priority Screening Tools that assist the worker to clarify when an allegation falls within the meaning of HHS policy for child maltreatment. As part of the new Intake process, it was the expectation that all Intake Reports, whether screened out or accepted were reviewed and approved by a supervisor. Due to the volume of reports in Omaha, the Omaha Intake supervisor was unable to review all Intake Reports. As a result, the Intake supervisor is trying to review 100% of the “screened out” reports, and the Initial Assessment Supervisor is reviewing all the accepted Intake Reports as she assigns them to an assessment worker. It was determined on November 20, 2003 by the CO and Field Administrators that additional staff was needed to review

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						<p>“screened out” Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog of work while still maintaining our goal of having a supervisor review all intake reports.</p> <p>HHS has also asked the NRC for Child Maltreatment to come to Nebraska and do a case review on Intake Reports from July-November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and Process. This review will take place the third week in December, 2003.</p> <p>The new QA administrator for CO was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc.</p> <p>2nd Quarter: For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1- Strengthening Intake Policy</p>
			2. Develop methods of measurement on initiating comprehensive assessments in the pilot sites, assignment of reports, new reports, and determining repeat maltreatment..	07/03	08/02	<p>1st Quarter: N-FOCUS Business Analyst’s Response Time Queries (specifically #3) measures the time difference from the Intake receive date and Initial Assessment begin date. The 8 Response Time Queries have been produced since August 2002.</p>
			3. Revise data reports from N-FOCUS that assist supervisors and managers in tracking the initiation of comprehensive assessments, new reports and repeat maltreatment.	07/03	08/02	<p>1st Quarter: N-FOCUS Response Time Query Reports are available that report on: 1) Time to Close all Intakes; 2) Time to close CAN Intakes; 3) Time to first contact; 4) Time to complete Initial Assessment; 5) Time to document Initial Assessment; 6) Time to Complete all allegation findings; 7) Time to complete Family Assessment for CAN reports; and 8) Time to complete Family Assessments for Delinquents/Status Offenders. The 8 Response Time Queries have been produced monthly since 08/09/02.</p>

Action Steps	Lead Responsibility	Areas of Impact ¹	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Policy implemented statewide to require supervisory approval of all intakes.	11/03 07/04		<p>1st Quarter: Extension requested to 07/04. Feasibility issue. Nebraska identified need for additional staff to review “screened out” Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog and possibly still use the identified method. HHS has also asked the NRC for Child Maltreatment to come to NE and do a case review on Intake Reports from July – November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and process.</p> <p>4th Quarter: Request extension to 11/04. Due to other N-FOCUS priorities, the “Approve Intake” push button function for Supervisors is targeted for the 11-08-04 Major N-Focus Release. This button will give the Supervisors the opportunity to agree with the current screening decision and when applicable its priority.</p>
			5. Provide supervisors and managers with copies of reports on a monthly basis	12/03 and ongoing	08/02	<p>1st Quarter: The Intake Summary Report is currently available on-line for all to view and use. 8 Response Time Queries that have been produced monthly since 08/09/02 and are routed as e-mail attachments to all P&S Supervisors/Administrators. Query #3 (Time to First Contact) includes measurement of priority responses for testing. The most recent report for the month of August 2003 shows that of the records used to calculate a measurement, 69.5% showed time to first contact within 5 days.</p> <p>2nd Quarter: The response time queries continue to be reproduced and sent electronically to staff. Todd Reckling recently developed “summary sheets” showing the data in an aggregated format so that staff can more readily see information related to intake functions and use the data to move toward systemic improvement.</p>
			6. On a quarterly basis, conduct case reviews on a sample of cases to determine if cases were defined as a new report correctly and if recurrent maltreatment results from the same	03/04	5/04	<p>3rd Quarter: HHSS entered into a contract with Voices for Children on May 1, 2004 to conduct random QA calls to the child abuse and neglect hotline across the state. These calls are conducted by a volunteer group of people</p>

Action Steps	Lead Responsibility	Areas of Impact ¹	Benchmarks	Date Projected	Date Actual	Progress Report
			circumstances or new circumstances.. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety.			<p>organized by Voices for Children. There are reports that are generated weekly and contain the following information: the number of rings it takes for someone to answer the call and if the call goes to voice mail, the amount of time it takes before the calls are returned. A final report is due from Voices for Children on 11-14-04.</p> <p>Currently, the Department of Administrative Services is working to secure a telephone system that will capture this data and much more electronically.</p>
			7. Develop and implement standardized supervisor oversight process to monitor compliance with initiating comprehensive assessments in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	11/03 07/04	06/04	<p>1st Quarter: Extension requested to 07/04. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the "proactive supervision" initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities: February 25-27, April 7-8, May 28-30, July 15-17-2003 CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors March 2003 Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and</p>

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						<p>time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p>5/16/03 First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p>5/29/03 (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p>6/23/03 All day Supervision Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p>7/15, 16, 17-2003 (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p>7/18/03 Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p>7/20/03 – 8/10/03 Determined that subgroup of NE supervisor's workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p>8/12 & 13, 2003 Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p>8/18 & 19, 2003 Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work</p>

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						<p>in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p>9/3 & 4, 2003 CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p>9/5/03 Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p>9/17 & 18, 2003 Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17th with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p>10/7 & 8, 2003 Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor introduction to the concepts of the model and to answer their questions.</p> <p>2nd Quarter: The Supervisory workgroup has continued to meet throughout this second quarter and they continue to discuss the role and responsibility of the supervisor during the intake process and throughout the life of a case. The workgroup is also revising the current initial and ongoing training for workers and supervisors. Todd</p>

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						<p>Reckling attended a meeting with the group on January 30, 2004. Mary Osborne, Todd Reckling and Jana Peterson discussed with the group the information they heard from the CEO's and Al Jensen on January 27 & 28, 2004. The direction is that the supervisor training needs to be given priority. The workgroup has draft products for worker and supervisor training and is developing a draft regarding the expectations for supervisors. Jana Peterson presented this information at the chartered NFP meeting on February 10, 2004.</p> <p>The supervision/management dimension of the intake system revision will receive new emphasis now that Jana Peterson (of the supervisory workgroup) has become one of the intake liaisons working on revising the intake system.</p> <p>4th Quarter: The Governor's Office asked Dr. Joanne Schaefer to develop an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Dr. Schaefer presented the plan and within the scope of the plan worker performance measurements were recommended. Administrative staff met and reviewed Dr. Schaefer's recommendations, the CFSR, the PIP and the Nebraska Family Portrait. Based on that review, performance measurements were established that ranged from Intake to Adoption. These measures were adopted and began on July 1, 2004 for the Western, Central and Northern areas of Nebraska. Implementation for the Eastern and Southeast areas of Nebraska will begin October 1, 2004. See attached performance measures.</p>

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			8. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	01/04 and ongoing	2/04	<p>1st Quarter: The QA Administrator as well as the newly hired QA Unit Managers will be working with the Protection and Safety Administrators and key Central Office personnel to develop and implement “corrective action plans” to increase compliance with standards. The new role of the proactive supervisor will also promote implementation of corrective action plans and oversight to monitor their progress.</p> <p>2nd Quarter: The intake system revision project is the pilot project for development and implementation of corrective action plans according to QA protocol. For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.</p> <p>The intake liaisons are meeting weekly and have the mission of planning and accomplishing corrective action for the intake system. In their first meeting (2/20/04), the liaisons approved the draft six-step corrective action plan, which was based on the preliminary results of the intake system assessment (which included the Omaha case reads) and based on direction from upper management.</p>

Action Steps	Lead Responsibility	Areas of Impact ¹	Benchmarks	Date Projected	Date Actual	Progress Report
23 ACF Federal Approval Second Quarterly Report	August 2003 March 15, 2004		<p>9. Measurement of progress will be through N-FOCUS reports:</p> <p>45 % of comprehensive assessments will be initiated within required timeframes.</p>	<p>01/04 04/04 08/04</p>	08/04	<p>1st Quarter: Request extension to 4/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased attention to child safety (Child Death Media) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We currently only have the same number of staff to work on assessments as we did prior to implementation of the new intake process, although the Eastern Service Area have shifted some personnel and the other two service areas are thinking about how to shift personnel but it is premature since the new intake process initiated on 12/03. The current "Response Time Queries" Query #3 (Time to First Contact) includes measurement of priority responses for testing.</p> <p>2nd Quarter: <u>Statewide baseline established in 7/03</u> at 42.4%. 8/03 – 37.9%, 9-03 – 42.9%, 10/03 – 42.8%.</p> <p>3rd Quarter: Extension Requested to 8/04. Todd Reckling was assigned this action step and associated benchmarks. Todd assumed the responsibilities of Administrator for the Office of Protection and Safety in May 2004. During the months of May and June 2004, the "Response Time Queries" were adjusted and improved to more accurately reflect the requirements and outcome measures under HHS' new "Accountability Plan". The accountability plan was a part of the Governor's response to the Children's Task Force HHS unveiled its new accountability plan on June 01, 2004. HHS then provided training on the accountability plan to the administrative and supervisory staff through a training conference June 15-16, 2004. . Each of the Service Areas after the conference then provided training on the accountability plan to their workers. In the plan, there are specific measurements, expectations, benchmarks, and outcomes around timeliness of making first contact with the victim through the assessment/investigative process, clear through to the timely completion and documentation of the information in the N-Focus computer system. The time frames for comprehensive assessments to be initiated and completed are based on HHS' new three-tier priority system and new criteria around maltreatment/safety/risk. New data queries are being worked on to extract and report out on the outcomes measures identified in the accountability plan. The reports will have "drill down" capabilities to allow workers to see case specific data, as well as office, service area and statewide data. Due to the adjustments</p>

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			10. 65% of comprehensive assessments will be initiated within required timeframes.	07/04 01/05		1st Quarter: Extension request to 1/05 to allow for implementation of the time frames for intakes and assessments. The Western, Central and Northern Service Areas are implementing in July 2004, and the Eastern and Southeastern are implementing in October 2004 so this will allow for 6 months of statewide implementation to move from 45% in January 2005, to 65% in April 2005.
			11. 85% of comprehensive assessments will be initiated within required timeframes.	07/05		

Item 2. Repeat maltreatment

Goal Negotiated Measure: % of Improvement: By 7-1-05 the incidence of repeat maltreatment will be maintained at 6% or below.

Baseline: (NCANDS data indicates incidence rates were: 1999 at 4.58%; 2000 at 7.57%; and 2001 at 5.5%). **2002 Data: 4.7%, 2003 Data: 7.1%**

Method of Measuring Improvement: NCANDS report analysis

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
2.1 Strengthen policy and practice on the use of comprehensive assessment: <ul style="list-style-type: none"> throughout the life of a case including risk and safety issues. for children who have experienced maltreatment by an out of home care provider including required follow-up actions to ensure timely service provision during the comprehensive assessment to assure quality and timely assessments that address children's 	Todd Reckling	<i>Item 2.</i> Repeat Maltreatment. (2.1., 2.3., 2.4.) <i>S2</i> Children Maintained Safely at Home 3.1., 3.4.); <i>Item 14</i> Preserving Connections (14.2); <i>Item 15</i> Relative Placement; Item 17, Needs and services of child, parents, and foster parents. (17.1.)	1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03 07/04		1st Quarter: Extension requested to 07/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish based on a family centered approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 02 in Omaha to discuss safety and risk issues for the comprehensive assessment. CCP Leads met with Janyce Fenton from NRC for Foster Care and Permanency Planning on August 08 in Kearney to discuss the comprehensive assessment and how to do case planning from the assessment. CCP Leads worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details for use initially and ongoing in a case with particular attention given at all times to continuous assessment of safety and risk factors. This small workgroup group met the weeks of June 17-20 and June 23-27 in Columbus, NE and in Lincoln. CCP Leads have continued to work on the comprehensive assessment from August-current The

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critical relationships and connections; <ul style="list-style-type: none"> to assess the needs of the entire family. 						<p>comprehensive assessment is not yet finalized.</p> <p>2nd Quarter: (The following comments refer to all benchmarks of this Action Step.)</p> <p>The chartered NFP workgroup did not meet during the months of December 2003 and January 2004 as the Service Area CEO's, Dennis Loose, Deputy Director, and Al Jensen were diligently working to make some adjustments to the process and decision-making related to reform efforts. The CEO's desired to be more informed in the reform initiatives and wanted to make certain that with the current budget issues, staffing issues, child death task force, intake reform, etc. that the initiative currently outlined were the most effective, efficient, and responsive.</p> <p>In the first and second quarters the QA Administrator (Quality Assurance Administrator) conducted two formal training sessions on strategic QA concepts to the entire central office staff, and several informal individual training sessions with the Director, Chief Deputy Director, Administrator, and the CEOs. The focus of this training was the QA stability concept for organizational improvement. In short, "QA stability" means controlling system changes in order to stabilize quality systems, which is often a necessary first step to make real improvement possible. On January 27 & 28, 2004, Todd Reckling presented an overview of the concepts of comprehensive assessment and family-centered practice to the CEO's, Dennis Loose, Al Jensen, and training Department members. The general concepts of family-centered practice were approved, but to bring about greater organizational system stability the redesign efforts for "comprehensive assessment" will now be scaled back to some degree and reframed as a revision or enhancement of the current "initial assessment" system. Rather than trying to redesign and implement totally new assessment tools and processes, it was determined that the comprehensive assessment would focus on the family-center key issues and those issues would be incorporated into the current tools and practice as much as possible. This will allow for the opportunity for assessments to be improved without introducing drastic changes that could undermine the</p>

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						<p>benefits of improvement. Key principles such as family involvement, strength-based, holistic, family and community oriented will be wrapped into the current work. For continuity of communication; however, we will continue to call this sub-project “comprehensive” assessment.</p> <p>Todd Reckling also presented these ideas about comprehensive assessment to the chartered NFP meeting on February 10. The PSA’s/RDA’s were supportive as well that the comprehensive assessment needed to be scaled back.</p> <p>Meetings scheduled for December 2003, January and February 2004 was cancelled as there was a need for CEO approval of the change direction.</p> <p>4th Quarter: Extension Requested to 10/04. Original conceptual design and planning was completed on the comprehensive assessment in previous months as reported in previous quarterly reports. Todd has reassigned the initial assessment project to a different staff person in Central Office and is committing additional resources to this project. Todd has also had contact with a consultant to collect and report on information related to national evidence based risk assessment models/tools. Information from the consultant is starting to come in to HHS in September and will possibly continue on into October. Protection and Safety will also be utilizing the National Resource Centers for their continued expert consultations.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03 07/04		<p>1st Quarter: Extension requested 07/04. Todd Reckling and Michelle Eby –co-leads for CCP initiative, have been meeting with the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. In order to facilitate collaboration, training staff from CCFL and HHS designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice “Wrap Around” Principles and approaches on August 14, 2003. The trainers also met or</p>

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						<p>had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment conceptual designs were delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit, was present at the CCP meetings where the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive assessment and the actual tool has not yet been finalized. CCP Leads presented on the comprehensive assessment concepts at the Supervisor's Conference in Omaha on October 08, 2003.</p> <p>4th Quarter: Extension Requested to 11/04 to follow request in 2.1.1</p>
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	11/03 07/04		<p>1st Quarter: Extension requested 07/04. The Trainers were trained on Family Centered Practice and the new policy/guidebook ideas and practice ideas on August 14 in Lincoln, NE. The Supervisors that have been identified for the test pilot sites for the comprehensive assessment have started to receive training on the comprehensive assessment. Training with the supervisors occurred on October 29, and November 19. The next meeting dates between the Comprehensive Assessment Implementation Team, Trainers and CCP Leads are scheduled for January 8 and 29, and February 18 and 19, 2004. Central Office program specialists that will be working with programs impacted by the comprehensive assessment will be included in the comprehensive assessment training and family centered practice training that is being scheduled for sometime in January 2004.</p> <p>4th Quarter: Extension Requested to 12/04 to follow request in 2.1.1</p>
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03 07/04		<p>1st Quarter: Extension requested 07/04</p> <p>4th Quarter: Extension Requested to 12/04 to follow request in 2.1.1</p>
			5. Written policy disseminated	11/03		1st Quarter: Extension requested 07/04

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			through Administrative Memo	07/04		4th Quarter: Extension Requested to 12/04 to follow request in 2.1.1
			6. Policy implemented statewide.	11/03 07/04		1st Quarter: Extension requested 07/04 4th Quarter: Extension Requested to 12/04 to follow request in 2.1.1
2.2 Design and implement methods for measuring compliance with comprehensive assessment policy 2.1.	Quality Assurance Administrator	Item 2. Repeat Maltreatment. (2.2, 2.5.) S2. Children maintained safely at home (3.5., 3.6.) Item 14. Preserving connections (14.3) Item 17, Needs and services (17.2)	1. Determine methods for measurement including the potential use of N-FOCUS and/or case reads.	12/03	12/03	1st Quarter: A case read will be necessary. We will need to do a quality assurance measure on the comprehensive assessments through a case read and not through an N-FOCUS report. The measurement of maltreatment, safety and risk within a completed comprehensive assessment will have to be measured by its quality and ability to adequately identify and address safety and risk rather than just measure that the task of completing the assessment was done. Todd Reckling will work with Cathy Welsh from the NRC for Child Maltreatment to design and schedule a case read on the comprehensive assessments. 2nd Quarter: (This following progress reporting relates to all benchmarks of this Action Step.) The case-read assessment of the intake system serves as a pilot project for the methods for measuring compliance with comprehensive assessment. We will replicate this measurement method as well as continue to use N-FOCUS reports for measurement evaluation and system improvement of comprehensive assessment. For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.
			2. Develop and implement standardized supervisor oversight process for measuring compliance with assessment including risk and safety policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	11/03 07/04 11/04		1st Quarter: Extension requested 07/04. The Ongoing Supervisor is responsible to make sure all accepted Intake Reports are complying with the policy on out-of-home assessments. Supervisors will be able to use the N-FOCUS report to monitor how many out-of-home assessments reports are being completed by staff on any child victim in an out-of-home placement. The Comprehensive Assessment Implementation Team has reviewed this policy in November 2003, but it is not yet finalized. The Protection and Safety Administrators from each of the service areas is responsible for making sure the supervisors are correctly monitoring out-of-home assessments. The PSA can eventually use the monthly N-FOCUS report to

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						<p>begin to measure compliance and improvement progress once these reports are developed in N-FOCUS. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of out-of-home. The New QA administrator was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator will be working with the CCP team to develop measurement standards Out-of-Home maltreatment reports. QA will also work with the “proactive supervision” initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p>February 25-27, April 7-8, May 28-30, July 15-17, 2003 CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p>March 2003 Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p>5/16/03 First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p>5/29/03 (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive</p>

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						<p>structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p>6/23/03 All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p>7/15, 16, 17-2003 (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p>7/18/03 Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p>7/20 – 8/10, 2003 Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p>8/12 & 13, 2003 Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p>8/18 & 19, 2003 Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p>9/3 & 4, 2003 CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p>9/5/03 Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding</p>

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						<p>comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p>9/17 & 18, 2003 Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17th with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p>10/7 & 8, 2003 Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p> <p>2nd Quarter: For more progress-report detail on this Action Step, refer to Item 2, Action Step 2.1-Strengthening Policy and Practice on the use of comprehensive assessment.</p> <p>3rd Quarter: Extension requested to 11/04 to follow extension request 2.2.1</p>
			3. Conduct case reviews on a sample of cases to determine the quality and timeliness of comprehensive assessments. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols	03/04 11/04		<p>3rd Quarter: Extension requested to 11/04 to follow extension request 2.2.1</p>
			4. Provide supervisors and managers	12/03		<p>1st Quarter: Extension requested 07/04</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			with reports based on the method of measurement.	07/04 11/04		3rd Quarter: Extension requested to 11/04 to follow extension request 2.2.1
			5. Establish baseline in complying with assessment policies including timely assessments.	03/04 07/04 11/04		1st Quarter: Extension requested 07/04 3rd Quarter: Extension requested to 11/04 to follow extension request 2.2.1
			6. Establish targeted improvements based on baseline, including timely assessments.	03/04 07/04 12/04		1st Quarter: Extension requested 07/04 3rd Quarter: Extension requested to 12/04 to follow extension request 2.2.1
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 07/04 and ongoing 12/04		1st Quarter: Extension requested 07/04 3rd Quarter: Extension requested to 12/04 to follow extension request 2.2.1
2.3 To educate Service Areas and maximize Early Intervention Services under Special Services Division	OH Team	NFP	1. Send formal communication to Pew's informing them of early intervention services for families with infants or very young children <u>and</u> for state wards with babies and how to access those services.	9/1/01	Completed	
			2. Hold video conferences for PS staff on accessing Early Intervention Services	10/1/02	Completed	
2.4 To determine if Adult Protective Service work is under-resourced and inconsistently carried out in Service Areas.	Shirley Pickens-White	NFP	1. Gather data regarding APS organizational structure, issues, staffing, and practice across Nebraska.	6/30/02	Completed	
			2. Report on information gathered and	8/31/03		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			make recommendations to the Chief Deputy Director	8/04		
			3. Determine next steps based on the Deputy Director's decisions	9-30-03 9/04		
			4. Implement	12-31-03 12/04		

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

GOAL: By 12/31/04, Nebraska will increase their ability from 88.67 to 90% to maintain children safely in their homes whenever possible and appropriate.

Evaluation method: N-FOCUS

Baseline: 88.67% established during the CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.1 Use N-FOCUS report that tracks the timeframe between the beginning of comprehensive assessment and the provision of services.	Sherri Haber	S2. Children are safely maintained in their home. (3.2)	1. Provide supervisors and managers with report on monthly basis	12/03 07/04	07/04	<p>1st Quarter: Extension requested 07/04. Currently, the Response Time queries measure, among other things, the time to: (1) initiate Assessment {"Intake Rec'd Date" and "Assessment Begin Date"} and (2) complete Assessment {"Intake Rec'd Date" and "Assessment End Date"}. The report can be enhanced to identify when a service was initiated. Discussions and decisions will need to occur regarding what is acceptable to be measured as a service (i.e. whether it has to be a formal service versus an informal service).</p> <p>4th Quarter: July 2004 began Protection & Safety's new Performance Measurement system. These Performance Measurement's include a measurement that tracks the timeframe between Intake (Report of Abuse/Neglect) and the provision of services. Based on updated procedures in Nebraska, cases should have some sort of service provision within a maximum of 20 work days from the time the Intake (Report of Abuse/Neglect) was received. The reports generated include a pivot table which shows workers which cases met the guidelines and which cases were included in determining that they met the performance expectation. An exception report or Unmet Benchmarks report is also generated which lists individual cases and indicates which benchmarks were unmet for the period under review. Since we began this new process July 2004, the first report will not be generated until the first week in September. The reason is that if a Abuse/Neglect report was made on July 31, the worker is given a maximum of 20 work days to provide services. We need to allow the data to age appropriately to allow staff to be successful in their meeting the Performance Measurements. Reports will then be generated and distributed monthly to staff, supervisors, managers and administrators.</p>
			2. Establish baseline that tracks the timeframes between the beginning of assessment and the provision of services.	12/03 07/04	05/04	<p>1st Quarter: Extension requested 07/04. Service provision is currently collected in NCANDS, but additional analysis is needed to perfect its collection.</p> <p>3rd Quarter: Base line established at 103 days based on the 2002 NCANDS report.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Establish targeted improvements based on baseline	12/03 07/04	05/04	1st Quarter: Extension requested 07/04 3rd Quarter: Baselines established and monitoring to begin July 2004. Using the Priority System of the Intake, improvements will be the following: Services will be provided to Priority 1 Intake Families within 15 days of the Intake; Priority 2 Intake Families within 30 days of the Intake; Priority 3 Families within 45 days of the Intake.
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	12/03 07/04 and ongoing	07/04	1st Quarter: Extension requested 07/04 4th Quarter: No corrective (improvement) plans are in place at this time. The report will not be ready for distribution until September. Corrective action plans will be developed by areas as needed on an ongoing basis.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.2 Strengthen HHS, law enforcement and county attorney use of the local 1184 teams to address issues of child safety.	Chris Hanus	S2 Children are safely maintained in their own homes. (3.3.)	1. Disseminate 1184 survey conducted by CCFL to Protection and Safety Administrators	07/03	12/03	<p>1st Quarter: The 1184 (abbreviated name for county level multi disciplinary investigation and treatment teams) survey report was disseminated to Protection and Safety Administrators and the County Attorneys in 12/03. The 1184 survey report was also distributed to the Children’s Task Force members in November 2003. (See attached report.) The report shows that mandated 1184 Investigative and Treatment Teams are not functioning in all 93 counties.</p> <p>2nd Quarter: The Governor’ Children’s Task Force completed its work in December 2003. One of its recommendations was to “Require a multidisciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training and operating expenses for teams.” In describing this recommendation, the Task Force recommended: identifying the Child Advocacy Centers across the state as central coordinating agencies where feasible; collaboration between the Advocacy Centers and the University of Nebraska Center for Children, Families and the Law for training; and a recommendation to the Legislature to consider options for holding county attorneys accountable for implementing the LB 1184 teams as required by statute. The Governor’s priorities in response to the Task Force presented in his budget request during the current session include funding for a Coordinator position within each of the state’s Child Advocacy Centers. Continued funding will be provided to CCFL for training of 1184 team members.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Collaborate with Nebraska Children and Families Foundation 1184 teams on strategies to improve communication, to prevent unnecessary removal of children from their homes and guarantee team assessments of safety when necessary.	9/03	9/03	<p>1st Quarter: The Governor's Children's Task Force has been looking at the operation of the 1184 teams during the months of October and November 2003. The Task Force will be making recommendations to the Governor in December 2003 regarding the future functioning of the 1184 Teams and how to get all counties involved with active teams.</p> <p>2nd Quarter: Training meetings have occurred in McCook, Norfolk and Kearney. Meetings are scheduled for Mahoney Park (June 3) and Alliance (August 5). The agenda for those meetings is attached. Approximately 75 team members have attended the first three meetings. CCFL has attended team meetings and provided technical assistance in Dawes, Box Butte, and Garden County. At those three team meetings, information was provided regarding the purpose of multidisciplinary teams, described team dynamics and the typical stages in team formation, provided ideas to improve team function, and provided guidance to the teams for their protocols. Additionally, CCFL has attended several Lancaster County team meetings, and assisted that team with drafting their mission statement, improving communications, provided ideas for productive team meetings, and assisted in the team's review of its protocol. That review process is ongoing and we anticipate attending more meetings with the Lancaster County team.</p> <p>CCFL is in the preliminary stages of designing web site to disseminate information to teams and to provide a web-based method of inter-team communication is occurring.</p> <p>CCFL is assisting the Crime Commission in the process of obtaining the annual reports from teams as required by statute.</p> <p>CCFL is assisting the Nebraska Children and Families Foundation in the dissemination of grants to the teams.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Communicate with county attorneys regarding the findings of the 1184 evaluation to determine possible local actions to strengthen the 1184 teams.	10/03	12/03	1st Quarter: The 1184 survey report was disseminated to the County Attorneys in 12/03. 2nd Quarter: Refer to update in 2 nd Quarter report in 3.2.2
3.3 Strengthen policy to mandate monthly worker visits at a minimum or more frequently based on identified needs with children, bio-families, and providers to : <ul style="list-style-type: none"> • Ensure the safety , well being and permanency of children; • Assure timely progress towards permanency; • With out of home care providers • Ensure quality of visits. 	Margaret Bitz	S2- Children are maintained safely at home, (3.7.) <i>Item 6</i> -Stability of foster placement (6.5.), <i>Item 9</i> - Adoption (9.9.), Child/family involvement in case planning (19.1), <i>Item 20</i> - Worker visits w/ child (20.1), <i>Item 30</i> - Standards ensuring quality services protect children (30.1)	1. Policy developed by HHSS.	09/02	08/02	1st Quarter: In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issued which clarified specifics regarding monthly contacts with youth. 2nd Quarter: The Program Memo containing the policy is being included in a regulation change that is being scheduled for public hearing, April, 2004.
			2. Training developed by HHS Staff.	09/02	09/02	1st Quarter: 09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	1st Quarter: 09/02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			4. Written policy disseminated through Administrative Memo.	09/02	09/02	1st Quarter: 08/02 Administrative Memo sent to staff outlining the new policy.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Policy implemented statewide.	09/02	09/02	1st Quarter: 08/02 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
3.4 Develop and implement methods to monitor visitation policy including quality of visits	Margaret Bitz	<i>S2- Children</i> are maintained safely at home, (3.8.) <i>Item 6 -Stability</i> of foster placement (6.6.), <i>Item 9- Adoption</i> (9.10.), <i>Item 19- Child/family</i> involvement in case planning (19.2), <i>Item 20- Worker</i> visits w/ child (20.2), <i>Item 30 - Standards</i> ensuring quality services protect children (30.2)	1. Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	1st Quarter: 11/02 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
			2. Provide supervisors and managers with report on monthly basis	11/02	11/02	1st Quarter: 11/02 reports are sent to staff, supervisors and managers monthly.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with worker visits with children and families. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	0703	7/03	1st Quarter: Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p>February 25-27, April 7-8, May 28-30, July 15-17-2003 CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p>March 2003 Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p>5/16/03 First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p>5/29/03 (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p>6/23/03 All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p>7/15, 16, 17-2003 (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>7/18/03 Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p>7/20 – 8/10-2003 Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p>8/12 & 13-2003 Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p>8/18 & 19-2003 Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p>9/3 & 4-2003 CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p>9/5/03 Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p>9/17 & 18-2003 Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17th with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						conference. Discussed next steps in implementation. 10/7 & 8-2003 Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.
			4. Establish baseline and targeted improvements to monitor that workers have monthly contact at a minimum with every child and family.	07/03	2/04	1st Quarter: 03/04 extension requested. QA staff is not yet on board to assist in developing a formal process. 2nd Quarter: Baselines were established from existing data. <u>Baselines established from July 2003 data.</u> Visits with Children: 68% Visits with Parents: 36% Visits with Providers: 53% <u>Targeted improvements for the next year:</u> Visits with Children: 73% Visits with Parents: 41% Visits with Providers: 58%
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03	1st Quarter: Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Conduct case reviews on a sample of cases to determine if visits focus on issues pertinent to case planning, service delivery, goal attainment, and safety. Program staff from the office of protection and safety will conduct case reviews. The sample will represent each Service Area and will be compiled by Operations Team from the Office of Protection and Safety.	07/04	07/04	4th Quarter: To date we have reviewed 629 youth's cases through the ICCU review that we do in each Service Area. We ask the following questions: Did the reviewer find evidence of the ICCU youth's parent, including any non-custodial parent, being actively involved assessing and identifying needs during the Family Team Meeting? We also ask if the youth was actively involved in identifying and assessing his/her needs during the Family Team Meeting. We have gathered this data and it is being analyzed at this point
3.5. Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Sherri Haber and Terri Farrell	<i>S2. Children are safely maintained in their homes.(3.9)</i> <i>Item 17- Families have enhanced capacity to provide for child's needs (17.3),</i> <i>Item 23- Educational needs of child (23.4),</i> <i>Item 35-Array of services (35.1),</i> <i>Item 36-Services are accessible (36.1),</i> <i>Item 37-Services are individualized (37.1)</i>	1. Select service array pilot sites	03/04	03/04	2nd Quarter – The Charter authorizing this group to meet and work on the objectives was signed on 02/10/04. The first meeting of this group is scheduled for March 16, 2004. 3rd Quarter – Pilot sites selected for the Service Array pilot are Gering, Nebraska, located in the Western part of the state and West Point, Nebraska, located in the Northeast part of the State. Gering has a population of approximately 8,000 and West Point 3,600. Both areas volunteered to participate in the Service Array pilot
			2. Select staff to conduct service array assessment	03/04	03/04	3rd Quarter – Each identified area has selected staff to participate in the training as well as conduct the assessment. We will also be training all of the Resource Development Administrators and any other staff identified. We do want to be able to conduct these assessments across the State if all goes well. Having staff trained in advance will assist in broadening the scope. We will also include identified community providers for the Pilot communities, as they have made the request.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04 08/04		3rd Quarter: Extension requested to 8/04 to allow time to train staff on how to use the assessment instrument. This extension does not affect the subsequent benchmarks in this action step. 4th Quarter: Request extension to 9/04. The assessment training for staff will be held on September 15, 2004. The community meetings will be held in West Point on 09-16-04 and in Scottsbluff/Gering on September 30, 2004. At these meetings the assessment process will begin and a final report issued in one or two months following the meeting.
			4. Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
			5. Develop and implement plan to fill gaps or improve existing services	12/04		
			6. Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
			7. Expand model to remaining service areas	06/05		
3.6 To create flexible funds for Service Areas to meet families' needs at a local level with a focus on in-home services.	Chris Hanus	NFP	1. Create budget sub-programs for Service Area allocations.	9/1/01	Completed	
			2. Explore possibility of new waivers as mechanism to pay for services that are preventative, flexible and rehabilitative in nature (FL,SD fund conduct disorders)	Year 2 2/1/03 2004 12/04		

Outcome P1: Children have permanency and stability in their living situations.

GOAL: Nebraska will increase children's permanency and stability in their living situations. By 12-31-03 from 45.7% to 55%.

Evaluation method: Nebraska CFSR

Baseline: 45.7% established during the CFSR

2nd Quarter: Request extension to 7/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased media attention to child safety (Children's Task Force focusing on child deaths) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We only have the same number of staff to work on assessments as we did prior to implementation of the new intake process. In shifting staff resources we have been unable to specifically address permanency and stability of youth in their living situations.

Item 6. Stability of foster care placement

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the percentage of children with no more than two placements settings from 78.2% to 80.1%.

Baseline: 78.2% established from the FFY 2002 State Data Profile. **FFY 2003: 78.9%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.1. Strengthen matching process of child with placement resources through expedited family group conferencing.	Sherri Haber	Item 6. Stability of foster care placement(6.1) Item 9-Adoption (9.7)	1. Identify current utilization of expedited family group conferencing through review of current contracts and numbers of families served.	10/03 3/04	03/04	<p>1st Quarter: Extension Requested to 3/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing. We have no way to know that number.</p> <p>3rd Quarter: There are currently 5 contracted providers across the state that provided expedited family group conferencing. The service began in January 2003. From Jan-June 2003 - 13 families were served.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Identify targeted increase of expedited family group conferencing to locate family members or natural supports of family for placement opportunities.	01/04 3/04	03/04	<p>1st Quarter: Extension Requested to 3/04</p> <p>3rd Quarter: In October 2003 a letter from the Director of the agency was issued to all staff encouraging the use of Family Group Conferencing. No specific targeted increases were established. Currently from July 2003 through April 2004 – 42 families have been served. This is an increase of 69%. Because of the philosophical shifts in our agency we are now hesitant to establish a targeted increase in the use of a service for which we expect staff to be able to provide. While incorporating the principals of ‘wraparound’ within the daily work of all of our staff, the use of expedited family group conferencing should only be used in cases where there are major conflicts, that staff and supervisors agree, a professional organization should be involved.</p>
6.2. Strengthen matching process of child with placement resources through the use of N-FOCUS.	Margaret Bitz	Item 6. Stability of foster care placement (6.2) Item 9-Adoption (9.7)	1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04	06/04	<p>3rd Quarter: A memo requiring use of child and provider characteristic fields was developed in 5/04 and was sent out in 6/04, with the requirement for usage to being in 7/04.</p>
			2. Develop an exception report on N-FOCUS that identifies characteristic fields is completed for all children and foster parents.	06/04 09/04		<p>3rd Quarter: Extension Requested to 9/04 to follow request in 6.2.1.</p>
			3. Provide supervisors and managers with copies of reports.	06/04 09/04		<p>3rd Quarter: Extension Requested to 9/04 to follow request in 6.2.1</p>
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	06/04 and ongoing 09/04		<p>3rd Quarter: Extension Requested to 9/04 to follow request in 6.2.1</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.3. Strengthen policy that defines limited use of emergency shelter placements.	Todd Reckling	Item 6. Stability of foster care placement(6.3)	1. Policy developed by HHSS.	08/01	07/01	1st Quarter: Policy on the use of Emergency Shelter Care was written in July 2001. The policy specified the intended use of shelter care to be a temporary placement of 30 days or less for a child pending a more permanent placement or return home.
			2. Training developed by HHS Staff.	08/01	08/01	1st Quarter: Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	08/01	08/01	1st Quarter: Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.
			4. Written policy disseminated through Administrative Memo. Policy implemented statewide.	08/01	08/01	1st Quarter: Policy was issued to all staff on August 23, 2001 via an Administrative Program Memo. The policy information is currently written into formal rules and regulation language and it is pending a public hearing.
6.4. Develop and implement methods for measuring compliance with policy regarding emergency shelter care	Todd Reckling	Item 6. Stability of foster care placement(6.4)	1. Develop N-FOCUS report to monitor use of emergency shelters.	04/02	03/02	1st Quarter: An N-FOCUS Report was developed in March 2002. However, hand counts of the shelter care data were turned into the Central Office by each of the service areas on a monthly basis due to concerns that the N-FOCUS data was not accurate based on workload issues and workers not being able to enter data in a timely fashion.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Provide supervisors and managers with reports on a monthly basis.	08/03	03/02	<p>1st Quarter: The service areas received aggregated data at various times regarding utilization of shelter care placements and use of extensions. All extensions were initially sent into the Central Office to be approved, but this function later was returned to the PSA's in each of their respective service areas. N-FOCUS monthly report is being sent to the service areas. A revised report will be completed in January 2004.</p> <p>2nd Quarter: The N-FOCUS Emergency Shelter Care Report was revised and was distributed to Protection and Safety/Resource Development Administrators on 12/11/2003. The data was for the month of November 2003. Sherri Haber, Deputy Administrator has since been disseminating the ESC Report on a monthly basis to staff. A program specialist has also been compiling the results of the hand-count data aggregated for the quarters in 2002-2003. These data and graphics were sent out to Administrators on 02-27-2004.</p> <p>The information outlines the number of shelter days utilized per service area, number of days over 30+, and average number of kids in care. The information also compares the service areas over time against their baseline standard range.</p> <p>Additional information on the most recent shelter care information is being compiled by Craig Erickson, program specialist, and will be sent out to staff in early March 2004</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor compliance with policy regarding emergency shelter care. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03	7/02	<p>1st Quarter: A process to monitor compliance with the shelter care memo and the request for any extension beyond a 30 day period was an administrative function of Central Office staff from the time the memo was issued in August 2001, until July 2002. In July 2002, compliance monitoring reverted back to the Protection and Safety Administrator in each service area. In order for the function of shelter care extensions to stay within the local service area, the corrective action plan was that a service area could not exceed its baseline target for 1) average total number of kids in care more than 30 days, and 2) average total number of days used for emergency shelter care by more than +2% for any given quarter or the function of approving extensions of care beyond 30 days for that particular service area was to return to the Central Office.</p> <p>2nd Quarter: The information outlines the number of shelter days utilized per service area, number of days over 30+, and average number of kids in care. The information also compares the service areas over time against their baseline standard range. Additional information on the most recent shelter care information is being compiled by Craig Erickson, program specialist, and will be sent out to staff in early March 2004</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
50 ACF Federal Approval Second Quarterly Report	August 2003 March 15, 2004		4. Establish baseline and target dates regarding usage of emergency shelters.	08/03	7/02	<p>1st Quarter: Baseline numbers for 1) total number of kids in care per month 2) total number of kids in care for more than 30 days and 3) the total number of days of emergency shelter care per month were established for each service area based on historical data for that area. The baseline statistics were distributed to all the service areas on July 03, 2002.</p> <p>2nd Quarter: The original baseline numbers used in July 2002 statistics were calculated from data collected from October 01, 2001 to March 31, 2002. Baselines were as follows with a range of 100% to 102% thus allowing for a 2% margin of error that could not be exceeded. This offered the service areas some flexibility in managing their number, yet held them to a outcome standard: Total Number of kids in care-323.17 (100%) and 329.63 (102%). Total number of kids in care for more than 30 days-56.33 (100%) and 57.46 (102%). Total number of Days of Emergency Shelter Care used- 4338.00 (100%) and 4424.76 (102%).</p> <p>Baselines will be adjusted to reflect the 2002-2003 year once the data are all analyzed in early March 2004. The numbers provided in the progress report section for the second quarter were as follows: Total number of kids in care –323.17 (100%) and 329.63 (102%). Total number of kids in care for more than 30 days-56.33 (100%) and 57.46 (102%). Total number of days of emergency shelter care used-4338.00 (100%) and 4424.76 (102%). These numbers are <u>original</u> baselines that were established in July 2002 based on monthly reporting from the service areas for the period October 01, 2001 to March 31, 2002. There is a 100% and 102% established as a percentage range that was targeted for each respective service area to stay within these limits.</p> <p>These baselines were established after only seven (7) months of implementing a new policy regarding shelter care use. A policy memo was issued on August 23, 2001 to all Protection and Safety staff regarding appropriate utilization of shelter care, length, and a process for an exception beyond a 30-day stay. After implementation, there was a shift in shelter care use as was desired. When baselines were established from data collected from October 2001 to March 2002, the state was in a transition regarding its shelter care utilization practices.</p> <p>As time went on, we continued to collect shelter care data. I felt it was important to revisit the baselines after a period of time had expired and the practice had time to cycle long</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Targeted improvements will be monitored through N-FOCUS reports.	08/03 01/04 03/04 08/04	08/04	<p>1st Quarter: Extension requested 01/04. Shelter care costs were reduced by almost 50% during the first year so no improvement plan was required. Current utilization data is being completed and a new report will be issued in January 2004. An improvement plan will be developed and implemented in January 2004 if needed.</p> <p>2nd Quarter: Extension Requested to March 2004. Shelter care data is still being analyzed. We are very close to having it finalized. Once all the information is interpreted a formal improvement plan will be devised if necessary.</p> <p>3rd Quarter: Extension Requested to 8/04. The shelter care data compilation took a little longer than expected, but data reports were provided to each of the service areas at the Protection and Safety Administrator's meeting on April 13, 2004. Although the data was shared, specific improvement strategies were not identified in April as the Service Areas and Central Office wanted to further analyze the data before establishing any targeted improvements (if needed). Todd Reckling was assigned this action step and benchmarks. Todd later assumed the responsibilities of Administrator for the Office of Protection and Safety in May 2004. The responsibility for these benchmarks has just recently been assigned to another staff person, Craig Erickson. Central Office and the Service Areas will be discussing shelter care issues further, in the months of July and August 2004 and establishing any necessary improvement strategies and target outcomes. In the meantime, the monthly N-Focus Shelter Care report will be shared with staff.</p> <p>4th Quarter: Targeted improvement based upon the baseline of 60.2 will be no more than 56.2 youth in shelter care for more than 30 days.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 1/04 and ongoing 03/04 and ongoing 09/04 and ongoing		<p>1st Quarter: Extension request to 1/04. If there is more than a 2% increase in shelter care stays then the function of oversight of shelter care placements was to return to the Central Office.</p> <p>2nd Quarter: Extension Requested to March 2004. Shelter care data is still being analyzed. We are very close to having it finalized. Once all the information is interpreted a formal improvement plan will be devised if necessary.</p> <p>3rd Quarter: Extension Requested to 9/04. See 6.4.6 In August 2004, the data will be further interpreted. Any necessary corrective action plans for improvements will be developed and implemented in September 2004.</p>
6.5 Develop methods to monitor number of placements, placement change reasons, and placement disruptions of children.	Quality Assurance Administrator	Item 6. Stability of Foster Care Placements (6.7)	1. Develop N-FOCUS reports that measure and identify number of placement changes, placement change reasons and placement disruptions.	06/04	08/04	<p>4th Quarter: An annual report that monitors the number of placement changes by age of the child is developed and analyzed for specific problem areas. Two years ago we notice an issue with youth age 0-4 who had 4 or more placements. An initiative took place to analyze the information in each area and develop plans to reduce the numbers of moves for young youth.</p> <p>Another report that has been produced since 1997 is a longitudinal report generated every 6 months. It is called "Experiences of Youth in Out of Home Care". This report collects trend information on numbers of placement changes and placement change reasons.</p> <p>A third report used is based on the AFCARS data and is the Frequency report. This report tells us the number of youth for the period under review and their placement changes, reasons and disruptions.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Develop and implement standardized supervisor oversight process to monitor compliance with number of placements, placement change reasons, and placement disruptions of children. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/04		4th Quarter: Extension requested to 9/04. The QA Administrator was not hired until 8-09-04. The development of the tool is almost finished and we request more time to complete and implement the supervisory oversight process
			3. Establish baseline to monitor placement changes, placement change reasons, and placement disruptions.	08/04		4th Quarter: Extension requested to 9/04 to follow extension request 6.5.2
			4. Establish targeted improvements based on baseline	08/04		4th Quarter: Extension requested to 9/04 to follow extension request 6.5.2
			5. Conduct case reviews on a sample of cases involving targeted child populations [e.g. children under age 5] to determine whether changes in placement settings were necessary to achieve the child's permanency goal or to meet the child's service needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	12/03 12/04		1st Quarter: Request Date Extension to 12/04. We believe this date was entered in error, as the related benchmarks in this action step are due in 6/04 and 8/04.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing 08/04 and ongoing		3rd Quarter: Extension Request to 8/04. This is when the baselines and targeted improvements will be established.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.6.a Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	PSA	NFP	1. A pilot will be developed in one Service Area using a system of care that includes a contracted provider offering care coordination and direct services like the Integrated Care Coordination Unit in the Central Service Area.			
			2. The SA will conduct full data collection process modeled after the process used by the CSA to identify a population to be served with the matching fiscal data necessary to contract for services of the population in a system of care	1/1/02	Completed	
6.6b Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	Amy Richardson	<i>Item 6.</i> Stability of foster care placement (6.8) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.9), <i>Item 23-</i> Educational Needs of the child(23.5)	1. Identify ICCU providers	06/03	06/03	1st Quarter: All areas of the state have identified their provider for implementation of the ICCU with the exception of one <i>Mental Health</i> Region. Region II <i>Mental Health</i> has not made a decision to implement. The Director of HHS has had written and verbal communication with this Region to encourage them to implement. There is a secondary plan if the Regional Governing Board does not choose to enter into an agreement with HHS. The identification of a partner for the ICCU for this area should be accomplished by 6-04.
			2. Issue planning grants for expansion of ICCUs.	09/03	08/03	1st Quarter: Three areas were given planning grants; the grants were requested from <i>Mental Health</i> Region I, Region IV and Region VI. Region III and F3 or Lancaster County did not need nor request funding for start-up or planning grants. Region V is in the process of Planning to request their funding. Again, exception of Region II as noted above in Action step 6.6.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Finalize contracts with ICCU providers.	03/04	03/04	<p>1st Quarter: Finalize contracts with ICCU providers-1st phase: HHS has contracts representing 75% of our state ward population areas. Including Region VI-Omaha, Region III and Region IV –central area of NE. Region I- Western part of state and Lincoln, Lancaster County.</p> <p>Phase two – Will include Region II as discussed above and the remaining counties in southeastern Nebraska or Region V</p> <p>2nd Quarter: Region II Mental Health still has no plans to implement an ICCU. Although the Mental Health Region has no plan to implement, the Western Service Area has embraced the concepts and principles of the ICCU's and continues to train their staff in wrap-around, family centered practice for the children and families they serve. An overview for new staff that had never received the training was conducted the week of April 5, 2004. The Western Service Area is working on developing Wrap Around Training specifically geared towards supervisors. The Western Service Area also continues to work with Rites for Families regarding the family components.</p> <p>3rd Quarter: For the ICCU providers operating, the contracts have been finalized.</p>
	NFP		4. Evaluation of ICCU results. will be compared between in-house staffing and fully contracted staffing.	Year 3 7/05		<p>3rd Quarter: The language was edited to just evaluation of the ICCUs as the in-house staffing and fully contracted staffing did not have meaning anymore.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.7. Strengthen collaboration between HHS and the Court Improvement Project to reach mutual agreement on improvements and to monitor agreed upon improvement activities to enhance permanency for children.	Chris Hanus	Item 6. Stability of foster care placement (6.9)	1. HHS Central Office Administrator designated as member of CIP Governing Group	05/03	05/03	<p>1st Quarter: The previous Protection and Safety Administrator, Dawn Swanson, conducted meetings periodically with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will become a member of the CIP Governing Group or appoint a designee.</p> <p>2nd Quarter: Meetings of the advisory board are annual meetings. The Administrator and Deputy Administrator met with the director of the Court Improvement Project on January 23, 2004 and February 27, 2004 and have agreed to meet quarterly.</p>
			2. Quarterly meetings of key HHS P&S team members and Court Improvement Project Administrator are held and documented.	05/03 and ongoing	05/03	<p>1st Quarter: The previous Protection and Safety Administrator, Dawn Swanson, attended meetings with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will attend these meetings or appoint a designee</p>
6.8. Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives for: <ul style="list-style-type: none"> • Potential placement resources; • Increased placement stability; • Expediting the adoption process; • Visitation with children in foster care; • Appropriately involvement in case planning. 	Margaret Bitz	Item 6. Stability of foster care placement (6.10) Item 8- Reunification, Guardianship or Perm Placement w/ Relatives (8.5), Item 9- Adoption (9.1) Item 13- Visiting w/ parents and sibs (13.1), Item 15- Relative Placement (15.2),	1. Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project and, the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources. *****	10/03 03/04	5/04	<p>1st Quarter: Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the Department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		<i>Item 16-</i> Relationship of child w/ parents (16.1), <i>Item 18-</i> Needs and services of child, parents and foster parents (18.1)				<p>identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes. Although there is not enough data available to make definitive statements about increase of contact with non-custodial parents and relatives for placement, it appears the practice is having positive results.</p> <p>3rd Quarter: The model court project in Lancaster county has instituted a number of new procedures that should lead to greater permanency with children. The new procedures include: increased placement with relatives and absent parents, the use of expedited family group conferencing, decreased usage of emergency shelters and earlier adjudication. The Douglas County Court model project has a plan to institute many of these same initiatives. These practices are going to be written in a report and shared with all courts and HHSS offices statewide.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the Court Improvement Project (CIP) and NRCs for Child Maltreatment and Family Centered Practice.	10/03 7/04 10/04		<p>1st Quarter: Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>3rd Quarter: Extension requested to 10/04 because Douglas County will be implementing their expedited hearing process in August 2004 and it's important to analyze their experience.</p>
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	03/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 6.8.2</p>
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	04/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 6.8.2</p>
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 6.8.2</p>
			6. Written policy disseminated through Administrative Memo.	04/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 6.8.2</p>
			7. Policy implemented statewide.	04/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 6.8.2</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.9. Develop and implement methods for measuring the policy for timely identification and diligent efforts in locating and assessing non-custodial parents and relatives in 6.8.	Quality Assurance Administrator	<i>Item 6.</i> Stability of foster care placement(6.11) <i>Item 8-</i> Reunificaiton, Guardianship or Perm Placement w/ Relatives (8.6), <i>Item 9-</i> Adoption (9.2) <i>Item 13-</i> Visiting w/ parents and sibs (13.2), <i>Item 15-</i> Relative Placement (15.3), <i>Item 18-</i> Needs and services of child, parents and foster parents(18.2)	1. Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial.	07/04 and ongoing	07/04	4th Quarter: Each month supervisors receive reports in two different formats that identify what youth are placed with relatives. One report is a complete list of relative homes and the other is the derived placement listing. Currently the N-Focus system does not have the capability to identify non-custodial parents.
			2. Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		4th Quarter: Extension requested until 11/04. The QA Administrator was not hired until 8-09-04 and we would like more time to work on this benchmark

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor timely identification and diligent efforts in locating and assessing non-custodial parents and relatives as placement resources to increase placement stability. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	04/04 01/05		3 rd Quarter: Extension requested to 1/05 to follow request in 6.8.2
			4. Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04		
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>6.10. Conduct targeted foster parent/resource family recruitment campaign to reflect the ethnic and racial diversity of the children in State custody in collaboration with the Nebraska Foster and Adoptive Parent Association [NFAPA] to support stability of foster placements.</p> <p>61 ACF Federal Approval Second Quarterly Report</p>	<p>Chris Hanus</p> <p>August 2003 March 15, 2004</p>	<p><i>Item 6.</i> Stability of foster care placement, (6.12) <i>Item 14,</i> Preserving connections (14.7) <i>Item 44-</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families (44.1)</p>	<p>1. Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching child needs with foster parent resources.</p>	06/04	06/04	<p>1st Quarter: A recruitment and retention team of foster parents, resource development workers and other stakeholders have met on July 30-31, 2003 and October 15, 2003. A philosophical framework and a detail work plan were established.</p> <p>In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04</p> <p>2nd Quarter: A third meeting was held on January 13, 2004. The following sub-groups have been created to complete work: Data, Marketing, Training, Finance, Native American, and Retention. These sub-groups will work as needed between January and April to complete recommendations. These recommendations are to be ready for presentation at the April 2004 full group meeting.</p> <p>Multiple reports have been generated between November 2003 and January of 2004. The data sub-group met on February 6, 2004 to start identifying the gaps and targets for recruitment. For initial analysis, the data group accepted a definition offered from the NRC. To define gaps the data group looked at those children placed outside of their committing county court in a level of foster care. This data is from N-FOCUS and has been imported into ACCESS for analysis. This initial analysis will be given to the Marketing Sub-group by the end of February 2004 to begin their work designing a campaign.</p> <p>3rd Quarter: Data continues to be analyzed for further identification of gaps and needed resources.</p> <p>4th Quarter: Data regarding the presenting characteristics of foster children and the characteristics of foster parents were willing to accept is not a required field to be completed within the N-FOCUS system. There are currently 2163 active licensed homes and 5471 state wards, yet only 844 of the foster parent records contained information regarding the types of characteristics of a child they would accept into placement and only 878 of the state ward records contained information about their characteristics. In order for the data to be truly used in evaluating recruitment or retention strategies, these fields would need to be a required field of completion.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Establish targets for recruitment	09/04		<p>1st Quarter: In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04.</p> <p>2nd Quarter: Multiple reports have been run between November 2003 and January of 2004. The data sub-group met in January 13, 2004 and is meeting again on February 6, 2004 to identify the gaps and targets for recruitment. This initial analysis will be given to the Marketing Sub-group by the end of February 2004 to begin their work designing a campaign.</p> <p>3rd Quarter: The data continues to be analyzed and we hope to establish targets yet this summer.</p>
			3. Design recruitment campaign in collaboration with the NRC on Child Maltreatment and Foster Care and Permanency Planning.	09/04		<p>2nd Quarter: In January 2004, the marketing sub-group met. They need the initial data analysis from the data sub group to begin discussion on what the targeted recruitment campaign may look like for presentation to the full group in April. Initial data analysis is expected to be given to the Marketing group in February 2004.</p> <p>Mary Lou Edgar, AdoptUSKids presented at the January 2003 meeting regarding their campaign. It was decided at this meeting that NFAPA would be Nebraska's Recruitment Response Team. They will receive \$18,000 from AdoptUSKids for three years. No decision has been made yet on how this effort will coincide with Nebraska's strategy.</p> <p>3rd Quarter: Another meeting was held in April 2004. "Kids need homes. Homes need kids. Become a resource parent" is the tag line that is being considered. Where to put most energy to get best return. The group discussed where to put our energy when we start to campaign. Votes from the group: Website (3), TV/Radio (17), News Release (4), Speakers Bureau (5), Resource Families (10), Retention (7), Neighborhood (1), Minority (3), Recruit (1). Top 3 Results: 1. TV/Radio, 2. Resource Families, 3. Retention</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	10/04		
6.11. Conduct training for resource families and staff.		<i>Item 6.</i> Stability of foster care placement (6.13) <i>Item 14.</i> Preserving Connections (14.8) <i>Item 44.</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families	1. Develop training on resource families in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
			2. Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
			3. Train staff on written policy. Training to be conducted by managers.	12/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
			5. Policy Implemented	12/04		
			6. Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		3rd Quarter: This language was deleted because it is a repeat of 6.12.1.
6.12. Develop and implement methods to measure the availability of resource families to meet racial, cultural and ethnic needs of children.	Quality Assurance Administrator	<i>Item 14</i> Preserving Connections(14.9)	1. Monitor progress quarterly to achieve recruitment goal.	1/05 and on-going		4th Quarter: Request to eliminate this benchmark and replace it with: Develop N-FOCUS reports that monitors the availability of resource families to meet racial, cultural and ethnic needs of children.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			1. Develop N-FOCUS reports that monitors the availability of resource families to meet racial, cultural and ethnic needs of children.	1/05 and on-going		
			2. Provide child welfare resource development staff and managers with reports on a monthly basis.	6/04		4 th Quarter: Request to extend to 1/05. Reports need to be developed to provide to staff-refer to 6.12.1
			3. Establish a baseline to monitor availability of resource families to reflect the children in care.	12/04		
			4. Establish targeted improvements.	12/04		
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSA's for their areas and submitted to the Administrator of the Office for Protections and Safety.	3/05 and on-going		
6.13 Ensure Licensing practice and standards are of consistent quality to assure safety for children in foster care.	OH Team	NFP	1. Identify a Foster Care Licensing Liaison (FCLL) to provide expertise to the service area and to serve as a link to the central office on policy.	9/1/01	Completed	
			2. FCLL's will meet regularly via conference call in conjunction with the Central Office Licensing Program Specialist to address practice issues	11/01/01 and ongoing	Completed	
			3. Gather data regarding licensing exceptions on placements in unlicensed homes	7/1/01	Completed	
			4. Review data from exceptions on placements in unlicensed homes for trends and possible revisions to policies.	2/1/01	Completed	
			5. Recommend policy revisions if necessary.	1/1/02	Completed	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Annually review practice standards data for trends and necessary changes.	12/1/02 and ongoing		
			7. Gather samples of all HHS home studies from each local office.	1-31-04		
			8. Review information on N-FOCUS and make revisions as determined to standardize home studies	3-31-04		
			9. Implement	10/31/04		
			10. Annually review for necessary changes			
			11. The Director's Task Force will meet and set the standards related to criminal background checks	6-30-05	Completed	
			12. Foster, adoptive and relative homes will undergo local law enforcement; state patrol and nationwide (fingerprint) checks at the time of licensure or re-licensure <u>and implement.</u>	6/30/03		
6.14 To enhance working relationships between biological, foster and adoptive families to achieve permanency for children when possible.	Shirley Pickens-White	NFP	1. Identify current HHS Behavioral Health funding of family advocacy groups	10/1/01	Completed	
			2. Establish contracts with each of the six Federation of Families regions for supports specific to families involved with the Protection and Safety system	5/31/03		
6.15 To better communication at the local Service Area levels between the Foster Care Review Board and HHS to improve services to children and families and to improve the performance of both agencies.	Sherri HAbler	NFP	1. Establish a schedule to meet twice a year with the FCRB to review concerns about specific cases and address barriers	6/30/03 and on-going		3rd Quarter: Note sent to PSA's on 05/14/04 requesting meeting minutes

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Meetings held twice a each year with a written summary kept.	6/30/03		
			3. Analyze written summaries for common themes and share findings with field and FCRB	7/31/03		
6.16 To obtain access to the National Crime Information Center (NCIC) to locate youth that have absconded and to keep communities safe.		Al Jensen	<u>1. Determine mechanism to explore alternatives</u>	12/15/02		
			<u>2. Choose the alternative</u>	5/1/03		
			3. Implement	Year 3 On Hold		3rd Quarter: This benchmark is on hold as it is a staffing issue

Item 7. Permanency goal for child

Goal Negotiated Measure; % of Improvement: By 7-1-05 Nebraska will increase the percentage of children with established permanency goals 54% to 89.9%.

Baseline: 54% established through N-FOCUS. **July 2003: 83% December 2003: 83.5%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>7.1. Strengthen policy and practice regarding:</p> <ul style="list-style-type: none"> timely establishment of permanency goals within 60 days of placement timely re-assessments of permanency goals 	Margaret Bitz	<p><i>Item 7.</i> Permanency goal for child. (7.1., 7.3)</p> <p><i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.1),</p> <p><i>Item 9-</i> Adoption (9.5)</p>	1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding timely establishment of permanency goals within 60 days of placement.	10/03 03/04	5/04	<p>1st Quarter: Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the Department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards regarding timely establishment of permanency goals within 60 days of placement</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and establishment of timely permanency goals within 60 days.</p> <p>3rd Quarter: The model court project in Lancaster county has instituted a number of new procedures that should lead to greater permanency with children. The new procedures include: increased placement with relatives and absent parents, the use of expedited family group conferencing, decreased usage of emergency shelters and earlier adjudication. The Douglas County Court model project has a plan to institute many of these same initiatives. These practices are going to be written in a report and shared with all courts and HHSS offices statewide.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03 7/04 09/04		<p>1st Quarter: Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, reassessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p> <p>3rd Quarter: Extension requested to 9/04. We will build this policy clarification into the reassessment of the case planning process. Current policy states that case plans will be developed within 60 days of placement. The language of the policy will be enhanced to include permanency goals and change "placement" to "custody".</p>
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04 01/05		<p>3rd Quarter: Extension requested to 1/05 to follow request in 7.1.2</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	07/04 01/05		3rd Quarter: Extension requested to 1/05 to follow request in 7.1.2
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04 01/05		3rd Quarter: Extension requested to 1/05 to follow request in 7.1.2
			6. Written policy disseminated through Administrative Memo.	07/04 01/05		3rd Quarter: Extension requested to 1/05 to follow request in 7.1.2
			7. Policy implemented statewide.	07/04 01/05		3rd Quarter: Extension requested to 1/05 to follow request in 7.1.2
7.2. Develop and implement methods for measuring compliance with policy on timely establishment and re-establishment of permanency goals	Quality Assurance Administrator	<i>Item 7. Permanency goal for child (7.4., 7.9)</i> <i>Item 9. Adoption (9.6)</i>	1. Develop an N-FOCUS report that monitors that each child has a current permanency goal and that timely reassessment occurs.	07/02	07/02 and on-going	1st Quarter: N-FOCUS report that indicates if a permanency goal was established during the first 60 days of entry into our system is disseminated monthly to Protection and Safety Administrators and Supervisors.
			2. Provide supervisors and managers with N-FOCUS reports on a monthly basis	07/02	07/02 and on-going	1st Quarter: N-FOCUS report that indicates if a permanency goal was established during the first 60 days of entry into our system is disseminated monthly to Protection and Safety Administrators and Supervisors.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor compliance with initiating timely establishment of permanency goals. Process will include time frames for supervisor's	07/04	06/04	4th Quarter: The Governor's Office asked Dr. Joanne Schaefer to develop an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Dr. Schaefer presented the plan and within the scope of the plan worker performance measurements were recommended. Administrative staff met and reviewed Dr. Schaefer's recommendations, the CFSR, the PIP and the Nebraska Family Portrait. Based on that review, performance measurements were established that ranged from Intake to Adoption. These measures were adopted and began on July 1, 2004 for the Western, Central and Northern areas of Nebraska. Implementation for the Eastern and Southeast areas of Nebraska will begin October 1, 2004. These measurements include that Initial Assessment Workers and Ongoing Workers will insure that case plans are completed within 60 calendar days of the youth coming into the Departments Custody (temporary order or ward ship) as well as insure that case plans are updated a minimum of once every six months. Supervisors will receive quarterly reports reporting if these measurements for each worker are met or not as well as meeting with the worker individually each month.
			4. Review data from exceptions on placements in unlicensed homes for trends and possible revisions to policies	09/04	2/04	2nd Quarter: Baseline established from July 2003 data. Baseline for timely establishment of permanency goals: 54%.
			5. Establish targeted improvements based on baseline.	09/04	2/04	2nd Quarter: Targeted improvement for timely establishment of permanency goals was established at the time the PIP was written, refer to Item 7. Targeted improvement for establishment of permanency goals is: 89.9%. A monthly exception report is run which looks to see if a youth has a case plan that is current within the most recent 6 months. If not, a report is generated and sent to staff. This does not get to quality, which will be addressed in a Case Read.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	06/04	4th Quarter: The format for the performance improvement plan was developed in XXX. Development of the performance accountability plan, performance improvements plans will be developed for those falling below the measures. Annual evaluations will include this data on performance measures.
7.3. Develop policy and practice regarding concurrent planning including protocol for staff consultation early within cases to determine adoptive home needs.	Margaret Bitz	<i>Item 7.</i> Permanency goal. (7.5) <i>Item 9-</i> Adoption (9.3), <i>Item 25-</i> Process that ensure each child has a case plan (25.4), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.1)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/03	1st Quarter: Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03	5/02	1st Quarter: Training has been developed in collaboration with CCFL and the Department's training unit.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	5/02 through 8/02	1st Quarter: Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002.. Six training sessions occurred between the months of May through August, 2002.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04	8/02	1st Quarter: Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Written policy disseminated through Administrative Memo.	04/04	5/03	3rd Quarter: Guidebook on concurrent planning was disseminated to staff in 5/03. This material directs staff to consider concurrent planning at several points throughout the case, including at the time of initial and family assessment and each time progress on the case plan is evaluated. Guidebook now is available to HHS staff online, enhancing the ability of supervisors and workers to refresh its content as needed.
			6. Policy implemented statewide	04/04	5/03	3rd Quarter: Implementation was expected with distribution of the Guidebook
7.4. Develop and implement methods for measuring compliance with policy on concurrent planning	Quality Assurance Administrator	<i>Item 7.</i> Permanency goal. (7.6) <i>Item 9-</i> Adoption (9.4), <i>Item 25-</i> Process that ensure each child has a case plan (2554), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.2)	1. Develop N-FOCUS report that monitors children with concurrent plans.	03/04	4/04	3rd Quarter: A decision has been made that running and disseminating a statewide report on children with concurrent plans is not beneficial to the desired outcome. Instead, data on whether there is a concurrent plan and what it is has been included in the monthly report for each supervisor on each child within his or her supervisory unit. In addition, a report was developed in 4/04 that will be run as necessary. That report allows a number of different sorts, e.g., a supervisor could go to the worker report and see only his or her team's data.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with policy on concurrent planning. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04 10/04		3rd Quarter: Request extension to 10/04 to complete the standardized oversight process. The supervisory oversight will include review 100% of the cases of their workers every 60 days, information is track in a supervisory log, improvement plans may be required, etc...

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case reviews. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		4th Quarter: Request extension to 2/05. The QA Administrator was hired on 8-09-04 and we need more time to complete this benchmark
			4. Establish baseline to determine compliance with concurrent planning.	09/04		4th Quarter: Request extension to 3/05 to follow 7.4.2
			5. Establish targeted improvements based on baseline.	09/04		4th Quarter: Request extension to 3/05 to follow 7.4.2
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		4th Quarter: Request extension to 3/05 to follow 7.4.2
7.5. Strengthen policy and practice regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file.	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 9-</i> Adoption(9.12), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.5)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	10/03	1st Quarter: Policy has been developed that strengthens current policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed in collaboration with HHS Training, HHS Legal Staff, and University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03 07/04		2nd Quarter: Request extension to 7/04. 4th Quarter: Request elimination of this benchmark. Policy will be distributed, and training will be done by supervisors, based on the policy. Therefore, there is no need to develop formal training.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04 07/04		2nd Quarter: Request extension to 7/04. 4th Quarter: Request extension to 11/04. Policy will be redistributed to the field with a specific instruction to supervisors that they are to review the materials with staff. Also, additional time is needed to implement recommendations from the Timely Adoption and Permanency Team regarding increasing collaboration and cooperation between service areas, the Protection and Safety Legal Team, and the legal system to assure that action is taken to file for terminations or to determine compelling reasons not to file, so that we can see results when HHS policies are followed.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04 07/04		2nd Quarter: Request extension to 7/04. 4th Quarter: Request extension to 11/04 to coordinate with request in 7.5.3.
			5. Written policy disseminated through Administrative Memo.	04/04 07/04		3rd Quarter: Request extension to 7/04 to follow extension request in 7.5.2. 4th Quarter: Request extension to 11/04 to coordinate with request in 7.5.3
			6. Policy implemented statewide.	04/04 07/04		3rd Quarter: Request extension to 7/04 to follow extension request in 7.5.2. 4th Quarter: Request extension to 11/04 to coordinate with request in 7.5.3.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.6. Develop and implement methods of monitoring compliance with policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file	Quality Assurance Administrator		1. Conduct case reviews on a sample of cases in which children have been in out of home care 15 of 22 months to determine compliance with policy regarding termination of parental rights. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	07/04 09/04		3rd Quarter: Request extension to 09/04 to follow extension request in 7.5.2.
			2. Establish baseline based on case read to determine compliance with policy regarding termination of parental rights.	09/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 7.5.2.
			3. Establish targeted improvements based on baseline	09/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 7.5.2.
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	09/04 and ongoing 01/05		3rd Quarter: Request extension to 1/05 and ongoing to follow extension request in 7.5.2.
7.7. Develop local action protocols between HHS and local County Attorney Offices to: <ul style="list-style-type: none"> • Expedite permanency. • Reduce the number of children in out of home care and to establish permanency for children reaching 15 of 22 months in out of home care. 	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 8-</i> Reunification, Guardianship or Perm Place w/ Relatives (8.7) <i>Item 28-</i> Process for term of parental rights according to ASFA (28.6)	1. In collaboration with the Court Improvement Project, analyze experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care.	10/03 2/04 4/04	5/04	1st Quarter: Request Extension to 2/04. Meeting between Court Improvement Project staff and the Department is scheduled for 12/03 to evaluate experience to this point through the Lancaster Pilot Project. 2nd Quarter: Request extension to 4/04. Meeting had to be rescheduled to the first week of March 2004. 3rd Quarter: Analysis has occurred and Lancaster County Court Improvement Project and plans to target this population indirectly by addressing the up front work required with families through permanency plan, documents and reviews along with appropriate placements involving fathers and relatives and the specialization of adoption staff.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Lancaster County will have protocol established	12/03 2/04 4/04		<p>1st Quarter: Request Extension to 2/04 to develop a protocol that incorporate the lessons learned through the Lancaster Pilot Project</p> <p>2nd Quarter: Request Extension to 4/04. Monthly meetings are being held between HHS staff and the county attorney in Lancaster County to discuss cases for possible terminations, but discussion has not yet met the level of development of protocols.</p> <p>3rd Quarter: Request to eliminate. The Lancaster County Court Improvement Project has no plans to formalize a protocol therefore this is no longer a feasible action step since we have no control over the Lancaster Court Collaboration Project. We will incorporate 15 of 22 issues into other work that is being done in the courts.</p>
			3. An additional 31 counties will have protocols established	06/04		3rd Quarter: Request to eliminate due to explanation in 7.7.2.
			4. An additional 31 counties will have protocols established	12/04		3rd Quarter: Request to eliminate due to explanation in 7.7.2.
			5. All 93 Nebraska counties have protocols established	06/05		3rd Quarter: Request to eliminate due to explanation in 7.7.2.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.7 Develop means by which HHS and local county attorneys and courts will work together to expedite permanency and reduce the number of children in out of home care, with a particular emphasis on children in out of home care for 15 or more of the past 22 months.	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 8-</i> Reunification, Guardianship or Perm Place w/ Relatives (8.7) <i>Item 28-</i> Process for term of parental rights according to ASFA (28.6	2. Service area staff, including Protection and Safety Administrators, will meet with each court and county attorney's office in the service area. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home care for 15 or more of the last 22 months. Still in draft as we need to determine if this will be quarterly, twice a year...etc			
			3. The HHS Director, Administrator for the Office of Protection and Safety, and/or other Office of Protection and Safety Staff will meet quarterly with the Juvenile Court judges. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home 15 or more of the past 22 months			

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. The staff of the Office of Protection and Safety will meet quarterly with personnel from the Court Administrator's Office. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home care for 15 or more of the last 22 months.			
			5. Staff of the Office of Protection and Safety will meet quarterly with the Court Improvement Project. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home care for 15 or more of the last 22 months.			

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. In collaboration with the NRC's for Legal and Judicial Issues, CIP, and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency.	12/03 3/04	5/04	<p>2nd Quarter: Request extension to 3/04, allowing for adequate time to analyze the information. Focus groups are being held across the state with Protection and Safety Legal Team and line staff to obtain input about support currently being provided and how it can be enhanced. The remainder of the focus groups will convene in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p> <p>3rd Quarter: Request to eliminate due to explanation in 7.7.2.</p>
			7. Implement recommendations identified for improving legal services to support permanency.	06/04		
			8. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes	12/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			9. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	06/05		
7.8. Strengthen policy and practice regarding appropriate use of guardianship as a permanency goal	Margaret Bitz	Item 7. Permanency goal (7.10)	1. Policy developed in collaboration with the NRC's on Foster Care and Permanency Planning and Family Centered Practice.	10/03	12/03	<p>1st Quarter: The policy for appropriate use of guardianship as a permanency goal has been developed and still needs management approval, which we plan to receive in 12/03.</p> <p>2nd Quarter: Management Team approved policy in December of 2003. The policy has been submitted to HHSS Regulatory and Analysis Division for public hearing, which likely will occur in April 2004.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03 07/04		<p>2nd Quarter: Request extension to 7/04 in order to incorporate this material into other trainings that will be scheduled.</p> <p>4th Quarter: Request elimination of this benchmark. Training will be provided by supervisors. Therefore, there is no need to develop formal training.</p>
			3. Train staff on written policy by the National Child Welfare Resource Centers including Legal and Judicial and Foster Care and Permanency Planning.	03/04 08/04		<p>2nd Quarter: Request extension to 8/04</p> <p>4th Quarter: Request extension to 11/04 to follow dissemination of policy clarification.</p>
			4. Written policy disseminated through Administrative Memo.	04/04 08/04		<p>2nd Quarter: Request extension to 8/04</p> <p>4th Quarter: Request extension to 10/04.</p>
			5. Policy implemented statewide.	04/04 08/04		<p>2nd Quarter: Request extension to 8/04</p> <p>4th Quarter: Request extension to 11/04 to coordinate with 7.8.3 and 7.8.4.</p>
7.9. Develop and implement methods for measuring compliance regarding guardianship policy	Quality Assurance Administrator	Item 7. Permanency goal (7.11)	1. Develop N-FOCUS report that lists children with guardianship as a permanency goal.	03/04 08/04		<p>3rd Quarter: Request extension to 8/04 to follow request in 7.8.2</p> <p>4th Quarter: Request extension to 9/04. The report itself has been requested but due to other priorities it has not been produced by the Business Analyst.</p>
			2. Establish baseline to determine compliance with using guardianship as a permanency goal.	09/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Conduct case reviews on a sample of all foster care cases to determine compliance on using guardianship as a permanency goal. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	12/04		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with guardianship policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04 08/04		3 rd Quarter: Request extension to 8/04 4 th Quarter: Request extension to 9/04 to follow request 7.9.1
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Item 8. Reunification, Guardianship or Permanent Placement with Relatives

Goal Negotiated Measure; % of Improvement: By 7-1-05 Nebraska will increase the percent of reunification occurring within 12 months of entry into foster care 39.9% to 42.4%.

Baseline: 39.9% established through N-FOCUS in FFY 2002. **FFY 2003: 46.3%**

Method of Measuring Improvement: N-FOCUS

Goal Negotiated Measure: % of Improvement: By 7-1-05 Nebraska will increase diligent efforts to attain the goals of reunification and guardianship and permanent placement with relatives from 57% of applicable cases to 65%

Baseline: 57% established during CFSR

Method of Measuring Improvement: Nebraska CFSR process

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.1. Strengthen policy and practice on content to be included in the court report at permanency hearings	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives. (8.3)	1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding content of court reports at permanency hearings.	12/03 3/04	3/04	<p>1st Quarter: Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports</p> <p>The Department met with Juvenile Judge Porter (Lancaster County Juvenile Court) on November 17, 2003 and discussed the case plan and the court report. Both the format and especially the content of the court report were discussed. Department staff also has a meeting with CIP in 12/03.</p> <p>Also, NE had its Title IVE review in September, 2003, and conducted a pre-review of cases prior to that month. Even though that process was aimed at court orders, it also served as a source of information about court reports. That information will be used in tandem with lessons learned from the Court Improvement Project activities</p> <p>3rd Quarter: The model court project in Lancaster county has instituted a number of new procedures that should lead to greater permanency with children. The new procedures include: increased placement with relatives and absent parents, the use of expedited family group conferencing, decreased usage of emergency shelters and earlier adjudication. The Douglas County Court model project has a plan to institute many of these same initiatives. These practices are going to be written in a report and shared with all courts and HHSS offices statewide.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03 7/04 01/05		<p>1st Quarter: Request extension to 7/04 to incorporate lessons learned through meetings with Judge Porter, the IV-E audit and to allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, reassessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p> <p>3rd Quarter: Extension requested to 1/05 because Douglas County will be implementing their expedited hearing process in August 2004 and it's important to analyze their experience.</p>
			3. Written policy disseminated through Administrative Memo.	03/04 01/05		3rd Quarter: Extension requested to 1/05 to follow extension request in 8.1.2.
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04 01/05		3rd Quarter: Extension requested to 1/05 to follow extension request in 8.1.2.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Train staff on written policy. Training to be conducted by managers and supervisors.	05/04 01/05		3rd Quarter: Extension requested to 1/05 to follow extension request in 8.1.2.
			6. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	05/04 01/05		3rd Quarter: Extension requested to 1/05 to follow extension request in 8.1.2.
			7. Policy implemented statewide.	05/04 01/05		3rd Quarter: Extension requested to 1/05 to follow extension request in 8.1.2.
8.2. Develop and implement methods for measuring compliance with policy required in court reports at permanency hearings	Quality Assurance Administrator	Item 8. Reunification, guardianship, or permanent placement with relatives (8.4)	1. Develop and implement standardized supervisor oversight process to monitor compliance with court report policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	07/04 04/05		3rd Quarter: Extension requested to 4/05 to follow extension request in 8.1.2.
			2. Conduct case reviews on a sample of cases to determine compliance on court report policies at permanency hearings. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04 04/05		3rd Quarter: Extension requested to 4/05 to follow extension request in 8.1.2.
			3. Establish baseline to determine that cases are in compliance.	09/04 04/05		3rd Quarter: Extension requested to 4/05 to follow extension request in 8.1.2.
			4. Establish targeted improvements based on baseline.	09/04 04/05		3rd Quarter: Extension requested to 4/05 to follow extension request in 8.1.2.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing 04/05		3rd Quarter: Extension requested to 4/05 to follow extension request in 8.1.2.
8.3. Develop policy and practice to implement legislative changes to allow waiver of training requirement for licensure of relatives on an individual case basis	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.8)	1. Policy developed by HHSS.	06/03	06/03	<p>1st Quarter: Policy was signed by the Governor and became effective in 10/03.</p> <p>2nd Quarter: Correction to above date. Although statute was passed by the Legislature to allow waiver of the training requirement, the regulations had not been signed by the Governor. That action occurred on February 18, 2004, which established February 23, 2004 as the actual date on which the regulations became effective.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Train staff on written policy. Training to be conducted by managers and supervisors.	08/03 1/04 3/04	4/04	<p>1st Quarter: Extension request to 1/04 to ensure supervisors and managers are fully prepared to train staff. N-FOCUS changes to document the exception and its appropriateness in each situation are ready for release to staff. The memo to staff explaining utilization of the N-FOCUS function, and training of managers and supervisors will occur in 12/03.</p> <p>2nd Quarter: Request extension to March 2004. By March 8, 2004, RAID (the unit within HHS that has responsibility for processing regulations) will send the regulation change to all staff that are listed as holders of a copy of the regulations, and will make the change to the online regulations posted on the HHS web site. Once the regulation is issued, training can occur. The plan is for training to be done with Resource Development staff via a bridge call, in March 2004.</p> <p>N-FOCUS changes have been made to provide a place to document the reason training was waived and that the waiver does not compromise the child's safety and to assure that the license issued specifies that only related children can be placed. Notification of these N-FOCUS capabilities was included in the October, 2003 release to all staff.</p> <p>3rd Quarter: Regulations were distributed in March, 2004. In April, 2004 training was accomplished by means of a bridge call with Resource Development supervisors and staff. Becky Henderson provided the program information, and Joe Skorupa provided the N-Focus information.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	08/03 1/04 3/04	4/04	<p>1st Quarter: Request extension to 1/04 to assure that supervisors and managers are fully prepared to train staff.</p> <p>2nd Quarter: Request extension to March 2004. See above. Training will be done via a bridge call, by Central Office as soon as the regulations are issued by RAID. A memo will be sent via e-mail to all workers and supervisors to focus their attention on the new regulation.</p> <p>3rd Quarter: Training was completed in April 2004 via a bridge call with Resource Development Supervisors and Workers. Sign in sheets are not necessary</p>
			4. Written policy disseminated through Administrative Memo	09/03 1/04 3/04	3/04	<p>1st Quarter: Request extension to 1/04. Information to staff re: implementation must be timed to coincide with training.</p> <p>2nd Quarter: Request extension to March 2004. A decision was made that we could not begin to implement this regulation until it was certified. Certification occurred on February 23, 2004. Hard copies of the regulation will be sent to the field and the online version of the regulations will be updated to reflect the change By March 8, 2004.</p> <p>3rd Quarter: Hard copies of the regulations were distributed in March, 2004, at which time the regulations also were added to the regulations available on the HHS web site.</p>
			5. Policy implemented statewide.	09/03 1/04 3/04	3/04	<p>1st Quarter: Request extension to 1/04. Training must occur prior to implementation.</p> <p>2nd Quarter: Request extension to March 2004. This action was delayed, pending certification of the regulation. It now will occur in March, 2004.</p> <p>3rd Quarter: Regulations were distributed in March, 2004. Training was provided in April, 2004. The field has implemented the regulations.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>8.4. Increase use of Family Group Conferencing to:</p> <ul style="list-style-type: none"> locate family members and maintain connections; assist in locating family members and increase placement with relatives participation in case planning locate family members as potential foster and adoptive parents 	Sherri Haber	<p>Item 8. Reunification, guardianship, or permanent placement with relatives (8.10)</p> <p><i>Item 14-</i> Preserving Connections (14.10),</p> <p><i>Item 15-</i> Relative Placement (15.4)</p> <p><i>Item 25-</i> Process to ensure each child has a case plan developed jointly w/ parents (25.6)</p> <p><i>Item 44-</i> Diligent recruitment and retention of potential foster and adoptive parents (44.3)</p>	<p>1. Identify current utilization of family group conferencing through review of current contracts and numbers of families served.</p> <p>.</p>	<p>12/03</p> <p>1/04</p> <p>4/04</p>	04/04	<p>1st Quarter: Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services to locate and maintain familial connections between children and their families, neighbors, and communities.</p> <p>2nd Quarter: Extension Requested to 4/04. Vicky Weisz from CCFL has been leading a research project that wants to examine the utilization and effectiveness of family group conferencing. The research team has developed a survey. The Central Office for Protection and Safety is currently working with Information Systems and Technology (IST) to produce the survey online for ease of use by participants. HHS staff will be one of the targeted groups to solicit feedback from based on their experiences with family group conferencing. There is a meeting scheduled with Vicky on March 02, 2004 to discuss the research process, survey process, utilization and evaluation.</p> <p>HHS currently has 5 contracts across the state with various mediation centers to provide family group conferences, expedited family group conferences, mediation, and facilitation.</p> <p>3rd Quarter: Utilization of this service initially began in January 2003. From January through June 2003, 9 families were served.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04	05/04	3rd Quarter - In October 2003 a letter from the Director of the agency was issued to all staff encouraging the use of Family Group Conferencing. No specific targeted increases were established. Currently from July 2003 through April 2004 – 116 families have been served. This is an increase of 92%. Because of the philosophical shifts in our agency we are now hesitant to establish a targeted increase in the use of a service for which we expect staff to be able to provide. While incorporating the principals of ‘wraparound’ within the daily work of all of our staff, the use of expedited family group conferencing should only be used in cases where there are major conflicts, that staff and supervisors agree, a professional organization should be involved.
			3. Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04	10/03	3rd Quarter – In October 2003 a memo from the Director of the agency went to all staff encouraging and supporting the use of Family Group Conferencing. Because of the philosophical shifts in our agency we are now hesitant to establish a targeted increase in the use of a service for which we expect staff to be able to provide. While incorporating the principals of ‘wraparound’ within the daily work of all of our staff, the use of expedited family group conferencing should only be used in cases where there are major conflicts, that staff and supervisors agree, a professional organization should be involved.
			4. Develop and implement standardized supervisor oversight process to monitor compliance with increased use of Family Group Conferencing to assist in locating family members and maintain connections. Process will include time frames for supervisor’s reconciliation of reports, and timeframe for development of corrective action plan	03/04	05/04	3rd Quarter – We believe that we this is an inappropriate benchmark based on our philosophical base. The use of a purchased service should not be grounds for a corrective action plan to be implemented. The service continues to be available in all 5 areas of the State and will continue to be available with contract renewals in July 2004.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.5 Contract with family organizations to: <ul style="list-style-type: none"> provide mentoring and supports to biological families in 8 areas of the state, and conduct a survey with bio families regarding whether they have been invited to participate in case planning hearings and case reviews. 	Shirley Pickens-White	Item 8. Reunification, guardianship, or permanent placement with relatives 8.11) <i>Item 18</i> -Needs and services of child, parents and foster parents (18.6), <i>Item 29</i> - process for parents of children in foster care to be notified and provided opportunity to be heard in any review or hearing (29.3)	1. Issue request for qualifications/proposals	07/03	04/03	1st Quarter: A “Request for Qualifications” for Family Mentoring Programs was posted on the HHS website and published in the local papers on April 15, 2003.
			2. Review proposals	08/03	06/03	1st Quarter: Proposals were reviewed and scored by a review committee on June 12, 2003.
			3. Award contracts	08/03	06/03	1st Quarter: Contracts were awarded to one family mentoring program in each of the six service areas on June 16, 2003.
			4. Monitor contract performance - plans, goals and objectives	08/03 and ongoing	08/03	1st Quarter: Contracts are being monitored by a Central Office program Specialist through monthly conference calls with providers, quarterly face-face meetings and planned site visits. Site visits are slated to begin in January 2004. The programs had their first meeting together with Central Office staff on July 08, 2003 and October 03, 2003. Conference calls were held on August 07, September 04 and November 13, 2003.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Develop survey in collaboration with family organizations.	03/04	03/04	<p>2nd Quarter: This task has been assigned to Shirley Pickens-White. Shirley has been involved in the development and implementation of the family organizations and she is currently the program specialist assigned to this project. Shirley has started to think through what kind of information the survey will capture, and how to effectively utilize the information to make systems improvements in the way families are involved in case planning and case reviews.</p> <p>3rd Quarter: The survey has been developed by one of the Families Organizations for clients. The other organizations have requested a copy for their use.</p>
			6. Conduct survey to determine if bio-families have been invited to and participate in case planning hearings and case review processes.	05/04 08/04		<p>3rd Quarter: Extension Request to 8/04. Decision made to prioritize completion of the handbook for families (see 8.7) before proceeding with this survey.</p> <p>4th Quarter: Extension requested to 12/04. We have obtained a final draft copy of the handbook written by the family's organization and we are now comparing it to a handbook that was received from XXX to ensure that all of the necessary information is included. It is still our plan to conduct a survey once the handbook has been finalized.</p>
			7. Establish baselines to determine whether or not bio- families have been invited to and participate in case planning hearings and case review processes.	06/04 09/04		<p>3rd Quarter: Extension Request to 9/04 to follow extension request for 8.5.6</p> <p>4th Quarter: Extension Request to 1/05 to follow extension request for 8.5.6</p>
			8. Communicate with the staff, CIP and the Foster Care Review Board [FCRB] the results of the survey.	06/04 09/04		<p>3rd Quarter: Extension Request to 9/04 to follow extension request for 8.5.6</p> <p>4th Quarter: Extension Request to 1/05 to follow extension request for 8.5.6</p>
			9. Conduct annual follow-up surveys to determine family involvement in being invited and actively participating in case planning hearings and case review processes.	06/05 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.6. Distribute the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process"	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.12)	1. Review draft of Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process."	04/02	04/02	1st Quarter: HHSS reviewed the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way through the Nebraska Juvenile Court Child Protection Process" prior to its distribution in April 2002. 2nd Quarter: This booklet continues to be distributed by the Center on Children, Families, and the Law
			2. Secure copies	11/03	04/02	1st Quarter: Copies were secured.
			3. Distribute copies of handbook to staff.	12/03	04/02	1st Quarter: In 04/02 CCFL began distributing this booklet. HHS offices are aware of its existence, and many are distributing it to parents and foster parents. CCFL has since updated the booklet to include ICWA and has published and is distributing a Spanish version of the booklet. In addition, CCFL has developed a separate booklet aimed specifically at foster parents. This booklet should be back from the printer early in 2004. In order to assure that field staff are aware of the booklets and how to obtain them, copies will be distributed again to the Protection and Safety Administrators in <i>February 2004</i> .
8.7. Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system and their rights and responsibilities and supports available to them.	Shirley Pickens-White	Item 8. Reunification, guardianship, or permanent placement with relatives (8.13) <i>Item 18</i> -Needs and services of child, parents and foster parents (18.8), <i>Item 25</i> - Process to ensure each child has a case plan developed jointly w/ parents (25.3)	1. Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	1st Quarter: Contract was signed by Ron Ross and The Federation of Families on September 13, 2002

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	09/03 2/04 5/04 07/04	07/04	<p>1st Quarter: Requested Extension 02/04. The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The handbooks will be distributed in February 2004 by HHS staff and the 6 Families Mentoring Families Agencies to families that the Family Agencies are involved with and by HHS caseworkers to families who have contact with the HHS system.</p> <p>2nd Quarter: The Federation submitted a revised version of the handbook to HHS on 2/9/04. Shirley Pickens-White has been working with the Federation to finalize the handbook. A meeting has been scheduled for March 5, 2004 to discuss changes to the handbook. Once the revisions have been made, the draft will be mailed to the Families Mentoring Families Agencies for their feedback.</p> <p>3rd Quarter: Requested Extension 7/04. The final draft of the handbook has been submitted. It will also be mailed to the Families Organizations and a copy will also go to Legal for feedback.</p> <p>4th Quarter: Distribution of the handbook will occur through caseworker contact with families and the six families' organizations.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Cover letter and handbook distributed to HHS staff and to families.	09/03 02/04 6/04 07/04		<p>1st Quarter: Requested Extension 02/04</p> <p>2nd Quarter: Extension Requested to 6/04. The handbook has undergone several revisions to improve its quality. The handbook is currently being revised and is not ready for distribution. The Federation submitted a revised version of the handbook to HHS on 2/9/04. After review, there are still important changes that need to be made to the handbook. Shirley Pickens-White has been working with the Federation to finalize the handbook. A meeting has been scheduled for March 5, 2004 to discuss changes to the handbook. Once the revisions have been made, the draft will be mailed to the Families Mentoring Families Agencies for their feedback.</p> <p>3rd Quarter: Requested Extension 7/04. The final draft of the handbook has been submitted. It will also be mailed to the Families Organizations and a copy will also go to Legal for feedback.</p> <p>4th Quarter: Extension requested to 12/04. We have obtained a final draft copy of the handbook written by the family's organization and we are now comparing it to a handbook that was received from another state to ensure that all of the necessary information is included or to determine which version to use.</p>
8.8 Develop a videotape orientation for families.	Chris Hanus	NFP	1. A videotape orientation for families focused on their rights in the P&S system	06/30/04 12/04		3rd Quarter: Extension to 12/04
8.9 Ensure children know their rights and responsibilities and how the Protection and Safety system works.	Chris Hanus	NFP	1. Develop a handbook for children in state custody	06/30/04		
			2. A videotape orientation for children and youth	06/30/04 12/04		3rd Quarter: Extension to 12/04

Item 9. Adoption

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the percent of finalized adoptions that occur within 24 months of removal from their home from 8.2% to 11.1%.

Baseline: 8.2% established in FFY 2002 through N-FOCUS. **FFY 2003: 16.70%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.1. Develop policy regarding timely initiation and completion of home studies of adoptive parents	Margaret Bitz	Item 9. Adoption (9.13)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice	10/03 4/04 06/04	08/04	<p>1st Quarter: Request extension to 4/04 to ensure coordination with Recruitment and Retention Priority. Development of this policy is being included in the work done by the Recruitment and Retention Team. In addition, a home study format that will be required for all HHS home studies has been drafted and will be shared with the NRC's in December.</p> <p>2nd Quarter: The home study format was developed and e-mailed to Stephanie Boyd Serafin, National Resource Center for Foster Care and Permanency Planning in December 2003. The format and content appear to be consistent with what our staff people have used for many years. We are seeking feedback regarding our strength-based approach, and is our home study format in keeping with best practice nationally. Ms. Serafin responded in January that she would forward formats from two other states that she thought were good models. At this point, we have not received these formats. By the end of this quarter, we will decide if we should await further consultation or use the format that has been developed with input from staff in our state.</p> <p>3rd Quarter: Request extension to 6/04 due to the delay during the early part of the process.</p> <p>4th Quarter: Policy is developed and will be reviewed at the NE Family Portrait Management Team meeting on September 14, 2004, for approval of time frames.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03 6/04 08/04		<p>2nd Quarter: Request extension until 6/04. Training is delayed until a decision is made about the format.</p> <p>3rd Quarter: Request extension to 8/04 to follow extension request in 9.1.2.</p> <p>4th Quarter: Request to eliminate this benchmark as training will be done by supervisors via review of policy with staff. If requested by the supervisors, further training will be provided. However, the planned revisions are self-explanatory.</p>
			3. Training conducted on written policy and practice in conjunction with overall training on case planning managers and supervisors	03/04 6/04 08/04		<p>2nd Quarter: Request extension to 6/04. Training is delayed until a decision is made about the format.</p> <p>3rd Quarter: Request extension to 8/04 to follow extension request in 9.1.2.</p> <p>4th Quarter: Request extension to 10/04 to follow NFP Management Team decision and issuance of policy.</p>
			4. Written policy disseminated through Administrative Memo.	04/04 6/04 08/04		<p>2nd Quarter: Request extension to 6/04.. Dissemination is delayed until a decision is made about format.</p> <p>3rd Quarter: Request extension to 8/04 to follow extension request in 9.1.2.</p> <p>4th Quarter: Request extension to 10/04 to follow NFP Management Team decision so that policy can be issued.</p>
			5. Policy implemented statewide.	04/04 6/04 08/04		<p>2nd Quarter: Request extension to 6/04. Implementation is delayed until the above-described steps occur.</p> <p>3rd Quarter: Request extension to 8/04 to follow extension request in 9.1.2.</p> <p>4th Quarter: Request extension to 10/04 to follow 9.1.4</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.2. Develop a report that monitors timely initiation and completion of home studies of adoptive parents	Quality Assurance Administrator	Item 9. Adoption (9.14)	1. Develop an N-FOCUS report that monitors timely initiation and completion of home studies.	03/04		3rd Quarter: Request to eliminate this benchmark and replace it with the standard case read benchmark in the PIP.
			2. Provide supervisors and managers with reports on a monthly basis	03/04		3rd Quarter: Request to eliminate this benchmark and replace it with standard supervisory oversight benchmark in the PIP.
			1. Conduct case reviews on a sample of cases to monitor timely initiation and completion of home studies. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	12/04		
			2. Develop and implement standardized supervisor oversight process to monitor compliance with timely initiation and completion of home studies of adoptive parents. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 9.1.2.
			3. Establish baseline regarding the timely initiation and completion of home studies of adoptive parents.	06/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 9.1.2.
			4. Establish targeted improvements based on baseline	06/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 9.1.2.
			5. Amend current home study contracts to address the timely initiation and completion of home studies of adoptive parents.	06/04 12/04		3rd Quarter: Request extension to 12/04 to follow extension request in 9.1.2.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety. QA protocol.	07/04 and ongoing 01/05		3rd Quarter: Request extension to 1/05 to follow extension request in 9.1.2.
9.3. Strengthen policy and practice regarding the transfer of cases in a timely manner including the early involvement of adoption workers when adoption becomes the goal for the child	Margaret Bitz	Item 9. Adoption (9.15)	1. Policy developed by HHSS.	03/04 07/04	07/04	3rd Quarter: Request extension to 7/04. Decision to delay was made due to prioritization of work on Intake and the Performance Accountability Plan 4th Quarter: Policy is written. In addition, workers and supervisors have been identified in each service area who either have specialized adoption training and experience or who will be receiving such training to enable them to function as adoption workers and supervisors.
			2. Training developed by HHS Staff.	03/04 08/04		3rd Quarter: Request extension to 8/04 to follow extension request 9.3.1. 4th Quarter: Request removal of this benchmark. The policy is a very simple one that does not require training. It should be replaced with a benchmark that reflects development of specialized adoption training that will enable workers and supervisors to function as adoption workers and supervisors. Suggest 1/05 as the date for the new benchmark.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04 08/04		3rd Quarter: Request extension to 8/04 to follow extension request 9.3.1. 4th Quarter: Request removal of this benchmark and replacement with one for training of designated workers and supervisors so they can function as adoption staff. Suggest 2/05 as the date for completion.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04 08/04		3rd Quarter: Request extension to 8/04 to follow extension request 9.3.1. 4th Quarter: Request removal of this benchmark. See 9.3.2 and 9.3.3.
			5. Written policy disseminated through Administrative Memo.	04/04 08/04		3rd Quarter: Request extension to 8/04 to follow extension request 9.3.1. 4th Quarter: Request extension to 9/04.
			6. Policy implemented statewide.	04/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.3.1.
9.4. Develop and implement methods for monitoring transfer of cases in a timely manner.	Quality Assurance Administrator	Item 9. Adoption (9.16)	1. Develop an N-FOCUS report that monitors the transfer of cases.	03/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.3.1.
			2. Provide supervisors and managers with report on a monthly basis.	03/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.3.1.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with transfer of cases in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.3.1.
			4. Conduct case reviews on a sample of cases to monitor timely transfer of cases. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 9.3.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Establish baseline to monitor timely transfer of cases.	09/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 9.3.1
			6. Establish targeted improvements based on baseline.	09/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 9.3.1
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 9.3.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.5. Develop policy and practice for listing legally available children on adoption exchanges	Margaret Bitz	<i>Item 9. Adoption (9.17)</i> <i>Item 45-Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.1)</i>	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice.	01/03	01/03	<p>1st Quarter: Policy and guidebook material was developed and the NRC for Family Centered Practice reviewed the guidebook material and gave the opinion that it is in keeping with best practice.</p> <p>A Memo sent by the Director to all Protection and Safety staff, requiring that all children free for adoption, with a plan of adoption, and not yet in an adoptive home be placed on the appropriate adoption exchange(s) by April, 2003.</p> <p>2nd Quarter: Regulation regarding this requirement has been submitted for public hearing, which likely will be scheduled for April, 2004.</p> <p>The Department has located an individual with whom to complete a letter of agreement to write the profiles for posting on the exchanges. Funding for this service is the AdoptUSKids grant that NE received. The letter of agreement is scheduled to be done in March, 2004</p> <p>3rd Quarter: The Department is contracting with two organizations rather than the individual mentioned above. The organizations are the Nebraska Foster and Adoptive Parent Association and collaboration between Child Saving Institute and Lutheran Family Services. A memo will be sent to field staff on or about June 17, restating the responsibility of field staff to place all children free for adoption, not yet in adoptive placement, on the adoption exchanges. The memo includes criteria and a form for requesting an exception to placement on the exchanges, e.g., a child for whom an adoptive home is located but placement has not yet occurred. The memo also explains the process that will begin July to have contractors develop the materials so that Central Office of Protection and Safety can place approximately 60 children on the exchanges by 12/31/04, even if the worker has not initiated a referral. These contracts do not replace our Protection and Safety Worker's responsibility for listing legally available children on the exchanges.</p> <p>4th Quarter: Request extension to 1/05. We have identified the major need in this area as better data on children who should be referred to the exchange and increased supervisory oversight to assure that appropriate referrals are being made. All but one of</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's. Training will include the writing of adoption profiles for posting on the exchanges.	12/03 7/04		<p>2nd Quarter: Extension Date Requested to 7/04. Mary Dyer, Adoption Specialist and Stacey Klimek, Training Specialist have met to review the Georgia Training Model to aid in revisions the Nebraska material.</p> <p>3rd Quarter: The memo explaining registration by Central Office of Protection and Safety of children on the adoption exchanges will include materials developed by AdoptUSKids and by HHS staff on development of profiles, what kinds of pictures are acceptable, and the exchange registration process. This memo is scheduled for release to the Field on or about June 17, 2004. Because the material is self-explanatory, with Central Office staff available for questions, it will be unnecessary to provide a separate training on registration of children on exchanges at this time. As we develop the more comprehensive adoption training for identified staff, this topic will be covered as one segment. Our Adoption Specialist has spoken with the National Resource Center for Special Needs Adoption, and the request for assistance on use of exchanges and response to inquiries has been referred to AdoptUSKids for further discussion.</p> <p>4th Quarter: Request removal of this benchmark. See 9.5.2.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Training conducted on written policy and practice in conjunction with overall training on case planning. Managers and supervisors will conduct training with technical assistance from the NRC.	03/04 7/04		<p>2nd Quarter: Extension Date Requested to 7/04. Mary Dyer, Adoption Specialist and Stacey Klimek, Training Specialist have met to review the Georgia Training Model to revise the Nebraska material</p> <p>3rd Quarter: Discussion is underway with the National Resource Center for Special Needs Adoption regarding development of adoption training for HHS workers and supervisors. This training will be coordinated with the case planning training.</p> <p>4th Quarter: Request removal of this benchmark. See 9.5.2.</p>
			4. Training sign in sheets will be submitted to the PSA for the staff in the area.	03/04 7/04		<p>2nd Quarter: Extension Date Requested to 7/04.</p> <p>4th Quarter: Request removal of this benchmark. See 9.5.2.</p>
			5. Written policy disseminated through Administrative Memo.	04/04 8/04	08/04	<p>2nd Quarter: Extension Date Requested to 8/04.</p> <p>4th Quarter: Policy on placement of children on the exchange was distributed in 8/04, including the requirement of submission of improvement plans by service areas to assure that children were appropriately referred.</p>
			6. Policy implemented statewide.	04/04 8/04	08/04	<p>2nd Quarter: Extension Date Requested to 8/04.</p> <p>4th Quarter: All but one service area has reviewed children on the N-FOCUS listing of children free for adoption not in adoptive placement. All but one service area have developed improvement plans to assure that appropriate children have been or are being, and will continue to be referred to the exchange. When appropriate, Protection and Safety Administrators have approved exceptions to placement of children on the exchange, using criteria established in the memo issued in 8/04.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.6. Develop and implement a method to monitor whether children available for adoption are placed on the adoption exchanges	Quality Assurance Administrator	Item 9. Adoption (9.18) <i>Item 45</i> -Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.2)	1. Provide supervisors with a monthly report on the children available for adoptions that are not currently placed in adoptive homes.	03/03	03/03	1st Quarter: In March of 2003, a report was created that is given to supervisors on a monthly basis that identifies those children who are available for adoption and are not currently placed in an adoptive home.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children available for adoption being placed on adoption exchanges. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04	04/04	2nd Quarter: The N-FOCUS system includes a data field to show that a child has been placed on an exchange. A data run is being done to determine the extent to which this field is being used by field staff. Workers and supervisors will be reminded that the field is to be completed when appropriate. This information will be added to the report currently sent to field staff about children free for adoption and not in an adoptive home to enhance monitoring by supervisors. 3rd Quarter: Oversight for children being placed on the adoption exchange is being provided by the Central Office. Each month the report identifying which children are available for adoption is reviewed. Each month 12 children are identified to be profiled and listed on the adoption exchanges.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Conduct case reviews on a sample of cases to determine compliance on placing children on the adoption exchange. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04	07/04	<p>4th Quarter: A case read is not necessary for this action step as 100% of the available children for adoption are required to be placed on the exchanges. This information can be gathered through a report created in N-FOCUS. This report indicates those children who are available for adoption, not in an adoptive home and that report is compared to the exchanges to identify those children who need to be placed on the exchanges.</p> <p>A memo was sent to field staff restating the responsibility of field staff to place all children free for adoption, not yet in adoptive placement, on the adoption exchanges. The memo includes criteria and a form for requesting an exception to placement on the exchanges, e.g., a child for whom an adoptive home is located but placement has not yet occurred. The memo also explains the process that will begin July to have contractors develop the materials so that Central Office of Protection and Safety can place approximately 60 children on the exchanges by 12/31/04, even if the worker has not initiated a referral. These contracts do not replace our Protection and Safety Worker's responsibility for listing legally available children on the exchanges.</p>
			4. Establish baseline to determine compliance with placing children available for adoption on the adoption exchange.	09/04		Terri and Sherri thought we may need to ask for extensions for 4 and 5.
			5. Establish targeted improvements based on baseline.	09/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
9.7. Secure additional resources to support adoption activities.	Margaret Bitz	Item 9. Adoption (9.19)	1. Grant application completed and submitted to the National Adoption Exchange.	07/03	06/03	1st Quarter: Grant was awarded to HHS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. If grant is received, implement the grant activities to support placing children available for adoption on the adoption exchanges.	10/03 12/03 and ongoing 3/04 and ongoing 07/04	07/04	<p>1st Quarter: Request extension to 12/03 to allow completion of letter of agreement with identified contractor. The grant provides funds to contract for preparation of information about children for the adoption exchanges.</p> <p>2nd Quarter: Request extension to 3/04. This task was not completed because the program specialist assigned was on extended medical leave. The individual with whom the letter of agreement is to be done is identified, and the letter will be completed and work begun in 3/04.</p> <p>3rd Quarter: Request extension to 7/04. The decision was made to contract with two organizations rather than with an individual, thinking ahead to the possibility of expanding the service if it has a positive impact. The organizations are Nebraska Foster and Adoptive Parent Association and a collaborative between Child Saving Institute and Lutheran Family Service. The letters of agreement are in draft and will be signed prior to June 18, 2004. The organizations are gearing up to provide the service. Full implementation will begin as of July 1, 2004, with referrals of children to the organizations prior to that date.</p> <p>4th Quarter: In July, 2004, contractors began to prepare referrals for children for the exchange.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Identify other potential resources to support adoption activities.	03/04	5/04	<p>3rd Quarter: HHS will be the primary agency to submit the proposal for the adoption funding opportunity titled: Field Initiated Service Demonstration Project in the Adoption Field - Numbered HHS-2004-ACF-ACYF-CO-0019. This will be a collaborative effort among the partnering agencies that include HHS; Child Savings Institute; Lutheran Family Service; Nebraska Children's Home; and Adoption Links. This is a very exciting development for adoption services in the Douglas and Sarpy County areas, and the need that exists in this populated area.</p> <p>Nebraska Foster and Adoptive Parents Association is serving as the initial respondent to families in Nebraska who respond to the AdoptUSKids campaign.</p> <p>Discussions are underway with the National Resource Center on Special Needs Adoption to engage its staff in providing consultation on enhancing our adoption program. A major point of discussion is the possibility of the Center providing training in Nebraska. Such training likely will include sessions for facility staff to enhance their knowledge of adoption and its dynamics for treatment purposes, and to engage them in preparation and placement activities for children they serve. A second focus of training being discussed is development of computer based training (CBT) in adoption for HHS workers and supervisors. Our Adoption Specialist has reviewed the already existing "Special Needs Adoption Curriculum." The Resource Center is willing to make the services of the Spaulding Institute for Community Development available to update the curriculum, customize it to Nebraska, and develop the CBT.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>9.8. Strengthen HHSS Legal Services that support permanency for state wards by working with the courts to:</p> <ul style="list-style-type: none"> • Locate and assess other relatives as potential placements; • File for termination of parental rights within ASFA guidelines. • Obtain adoption finalizations in a timely manner. 	Margaret Bitz	<p><i>Item 9. Adoption (9.20)</i></p> <p><i>Item 28-Process for termination of parental rights in accordance to ASFA (28.3)</i></p>	<p>1. In collaboration with the NRC's for Legal and Judicial Issues and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency. Implement recommendations identified for improving legal services to support permanency.</p>	<p>12/03 5/04</p>	5/04	<p>1st Quarter: Request extension to 5/04 to allow for gathering information, assessing and making recommended actions to implement. Focus groups are being held statewide to obtain input of HHS' Protection and Safety Legal Team and line staff regarding current support and what improvements are needed. The focus group meetings will be completed in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p> <p>2nd Quarter: All service areas and legal staff have provided input through participation in the focus groups. Two were conducted in-person, one was conducted both in-person and with phone-in participants, and the remaining five were conducted by phone. (Originally the plan was to hold seven groups. An eighth was added to assure adequate input from the rural counties of the Eastern Service Area.) In addition, input was provided by one ICCU because of that staff's interest in participating in the survey. The TAPA Team is in the process of assessing information from the groups and will be issuing a report in March. This report will include identified strengths and barriers in current provision of legal support, and</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes.	12/04		
			3. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	12/04 and ongoing		
9.9 Develop and implement methods for measuring compliance requiring characteristic fields to be completed for children and foster parents.	Margaret Bitz		1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04 06/04		3rd Quarter: Request extension to 6/04. Memo is in draft but has not yet been sent to staff. 4th Quarter: Request extension to 10/04. Policy will be reviewed by the Nebraska Family Portrait Management Team in 9/04.
			2. Develop an exception report on N-FOCUS that identifies characteristic fields are completed for all children and foster parents.	06/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.9.1 4th Quarter: Request extension to 11/04 to follow request in 9.9.1.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with requiring characteristic fields to be completed for children and foster parents on N-FOCUS. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	06/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 9.9.1 4th Quarter: Request extension to 12/04 to follow request in 9.9.1.
			4. Provide supervisors and managers with reports on a monthly basis	06/04 09/04		3rd Quarter: Request extension to 9/04 to follow extension request 9.9.1 4th Quarter: Request extension to 11/04 to follow request in 9.9.1.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Require N FOCUS use of child and provider characteristics fields to activate existing N FOCUS matching capabilities	03/04		3rd Quarter: Delete this benchmark as it is a repeat of 9.9.1

Item 10. Permanency goal of other planned permanent living arrangement

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the percentage of children prepared for independent living upon release from state custody from 50% to 55%.

Baseline: 50% established during the CFSR

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
10.1. Strengthen policy and practice regarding Independent Living Plans for children 16 years of age and older.	Mark Mitchell	Item 10. Other planned permanent living arrangement. (10.1)	1. Policy developed by HHSS and in collaboration with the NRC on Youth Development.	10/03 07/04	07/04	<p>1st Quarter: Extension requested 07/04. The Independent Living Coordinator revised HHS Guidebook for Independent Living Services in April 2003. However, as the CCP team advanced in their discussions regarding the use of family centered practice, it was decided that the Independent Living policy and guidebook really need to be revised to address ways of helping youth connect with family and communities as they move toward independent living. Therefore, the Independent Living material is not yet finalized.</p> <p>Nebraska wrote a proposal and was awarded a grant from the Administration for Children and Families to administer an Education and Training Vouchers Program (ETV) for current and former foster care youth. A "Request for Proposals" was release on November 14, 2003 to recruit an agency to administer the ETV Program. It is anticipated that the program will be operational by February 1, 2004. ETV information will be added to the new policy/guidebook that is being developed.</p> <p>4th Quarter: The ETV was implemented effective 01/04.</p> <p>The policy and guidebook have been finalized. The Department has contracted with Mary Grealish, Family Centered Practice expert who has trained Pam Mann, HHS, who will review Protection and Safety Policy to reflect family centered practice. The final Independent Living policy and guidebook will be a part of that review.</p>
			2. Training developed by HHS Staff.	12/03 07/04		<p>1st Quarter: Extension requested to 7/04. The policy and practice has not yet been developed so training has not occurred.</p> <p>4th Quarter: Request to eliminate this benchmark. No training is required as no major changes were made to the policy or guidebook. The revisions were designed to make the policy and guidebook more cohesive and more easily understood. Supervisors were trained on Independent Living Program at the October 2003 Supervisory Conference.</p>
			3. Written policy disseminated through Administrative Memo.	03/04 07/04		<p>1st Quarter: Extension requested 07/04</p> <p>4th Quarter: Extension requested to 12/04 to coincide with release of case planning policy. Refer to 17.1</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	04/04 07/04		<p>1st Quarter: Extension requested 07/04</p> <p>4th Quarter: Request to eliminate this benchmark. No training is required as no major changes were made to the policy or guidebook. The revisions were designed to make the policy and guidebook more cohesive and more easily understood. Supervisors were trained on Independent Living Program at the October 2003 Supervisory Conference</p>
			5. Policy implemented statewide.	04/04 07/04		<p>1st Quarter: Extension requested 07/04</p> <p>4th Quarter: Extension requested to 12/04 to coincide with release of case planning policy. Refer to 17.1</p>
10.2. Clarify expectations of foster parents/resource families regarding the assessment and development of independent living plans for children 16 years of age and older.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.2)	1. Identify expectations in collaboration with NFAPA.	10/03 3/04	03/04	<p>1st Quarter: Extension Request to 3/04 The Independent Living Coordinator will be setting up a meeting with Mary Burt, Director for the Nebraska Foster Adoptive Parent Association regarding the assessment and development of independent living plans for children 16 years of age or older.</p> <p>3rd Quarter: The expectations were developed in collaboration with NFAPA.</p>
			2. Communicate expectations to staff and foster parents through memo to staff, letter to foster parents, and an article in the NFAPA newsletter.	04/04 07/04	07/04	<p>3rd Quarter: Extension Requested to 7/04. The NFAPA newsletter will not be published for distribution until July 2004.</p> <p>4th Quarter: Expectations were communicated in an article which appeared in the July newsletter.</p>
			3. Incorporate independent living expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences	08/04		<p>4th Quarter: Extension Requested to 10/04. Expectations were communicated in July of 2004 and time is needed to incorporate those into the trainings.</p>
10.3. Issue communication to staff about the responsibilities of the independent living contractor.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.3).	1. Communication written and distributed	10/03 1/04	12/03	<p>1st Quarter: Extension requested 01/04.</p> <p>2nd Quarter: Mark Mitchell, program specialist, developed a communication that outlined the responsibilities of the independent living contractor and the differences in independent living services, transitional living, PALS program, and former ward program. The communication was sent out to all Protection and Safety Administrators and Supervisors on 12/16/2003.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
10.4. Support Tribal activities for the assessment and development of independent living plans for tribal youth 16 years of age or older.	Todd Reckling	Item 10. Other planned permanent living arrangement. (10.4)	1. Renew contract with Central Plains Center for Services, specifying tribal set aside for independent living services and activities	10/03	10/03	1st Quarter: A newly issued contract with Central Plains for the period 10/01/2003 to 09/30/2004 was completed and signed on 10/25/2003.. Instead of Central Plains distributing the funding allocations for the Tribes, the Tribes were directly given an allocation to serve their youth 16 and over. The Tribal contracts with the Winnebago, Omaha, Ponce and Santee Tribes were issued and signed on 10/28/2003.
			2. Support Tribal youth counsel and annual Tribal youth conference via a grant to the Nebraska Children and Family Foundation.	01/04	02/04	1st Quarter: A contract is currently being processed with the Nebraska Children's and Family Foundation and Services to be provided as part of the contract include a Tribal Youth Counsel Annual Conference to be conducted in the summer of 2004. 2nd Quarter: The contract with the Nebraska Children's and Family Foundation was finalized. Mark Mitchell, program specialist, is working with Cindy Filip from NCFF to oversee the activities of the Tribal Youth Counsel and the planning of the Tribal youth conference for this year.
10.5. Develop and implement methods to monitor children 16 and older who do not have independent living plans.	Quality Assurance Administrator	Item 10. Other planned permanent living arrangement.(10.5)	1. Develop an N-FOCUS report that identifies youth 16 and older that do not have an independent living plan.	03/04 11/04		2nd Quarter: This project has been assigned to Mark Mitchell, program specialist for the Chafee Program, Youth Development Grant, Education and Training Vouchers, and Independent Living and Transitional Services. Mark will work with business analyst Lori Koenig to develop an N-FOCUS report to monitor children 16 and older who do not have independent living plans. 3rd Quarter: Extension Requested to 11/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children 16 or older who do not have independent living plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04 11/04		3rd Quarter: Extension Requested to 11/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Provide supervisors and managers with reports on a monthly basis	03/04 05/04 11/04		2nd Quarter: This date should be 05/04 so that it follows the development of the tracking report. 3rd Quarter: Extension Requested to 11/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
			4. Conduct case reviews on a sample of cases to determine if the timely and appropriate re-assessment of permanency goals is occurring. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04 12/04		3rd Quarter: Extension Requested to 12/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
			5. Establish baseline of youth that do not have independent living plans.	09/04 11/04		3rd Quarter: Extension Requested to 11/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
			6. Establish targeted improvements based on baseline	09/04 11/04		3rd Quarter: Extension Requested to 11/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing 12/04		3rd Quarter: Extension Requested to 12/04. This report was to be included in the case plan report but was delayed due to other priorities of N-FOCUS
10.6 To prepare youth in the Protection & Safety System for transitioning to and being supported in adult living environments	Resource Support Team	NFP	1. The PALS contract will be revised to enhance the consultation and support to youth and providers as they prepare for, transition to and live independently	10/15/01	Completed	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Time limited work groups will be established to develop specific criteria for the implementation of the Chafee Foster Care Independence Plan and increase the involvement of key stakeholders (including youth, foster parents, p	6/30/02	Completed	

Outcome P2: The continuity of family relationships and connections is preserved for children.

GOAL: By 7-1-05, Nebraska will increase the continuity of family relationships and preserved connections for children 65.7% to 70%.

Evaluation method: Nebraska CFSR

Baseline: 65.7% established during the CFSR.

Item 13. Visiting with parents and siblings in foster care

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase visitation with parents and siblings in foster care from 71% to 75%.

Baseline: 71% established during the Federal CFS Review.

Method of Measuring Improvement: NE CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
13.1. Develop and implement Resource Family Model (foster family) and policies to support and promote bonding and visitation between parents and children in resource family home	Chris Hanus	Item 13. Visiting with parents and siblings in foster care. (13.5) Item 16. Relationship of child in care with parents. (16.4)	1. Design model ,policy & practice in collaboration with the NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning	06/04	06/04	4th Quarter: The design and model have been identified in collaboration with NFAPA as part of the retention and recruitment workgroup.
			2. Recruit and identify potential resources families that reflect the child's racial and ethnic backgrounds	09/04		
13.2. Conduct training for resource families and staff.		Item 13. Visiting with parents and siblings in foster care. (13.65) Item 16.	1. Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		

		Relationship of child in care with parents. (16.5)				
			2. Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
			3. Train staff on written policy. Training to be conducted by managers.	12/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
			5. Policy Implemented	12/04		
			6. Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		
13.3 Strengthen policy and practice to mandate monthly quality visits, at a minimum between children and their families or more frequently based on identified needs to assure timely progress is being made towards permanency	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	09/02 10/04		3rd Quarter: Request Extension to 10/04. This entire action step and related benchmarks have been reported as completed as of the 1 st quarter. Upon further review, it was discovered that this action step relates to visitation between parents, children and siblings and not worker visits as previously reported. Time is requested in order to clarify policy
			2. Training developed by HHS Staff.	09/02 10/04		3rd Quarter: Request Extension to 10/04. This entire action step and related benchmarks have been reported as completed as of the 1 st quarter. Upon further review, it was discovered that this action step relates to visitation between parents, children and siblings and not worker visits as previously reported. Time is requested in order to clarify policy
			3. Training conducted on written policy by managers and supervisors.	09/02 10/04		3rd Quarter: Request Extension to 10/04. This entire action step and related benchmarks have been reported as completed as of the 1 st quarter. Upon further review, it was discovered that this action step relates to visitation between parents, children and siblings and not worker visits as previously reported. Time is requested in order to clarify policy
			4. Written policy disseminated through Administrative Memo.	09/02 10/04		3rd Quarter: Request Extension to 10/04. This entire action step and related benchmarks have been reported as completed as of the 1 st quarter. Upon further review, it

						was discovered that this action step relates to visitation between parents, children and siblings and not worker visits as previously reported. Time is requested in order to clarify policy
			5. Policy implemented statewide.	09/02 10/04		3rd Quarter: Request Extension to 10/04. This entire action step and related benchmarks have been reported as completed as of the 1 st quarter. Upon further review, it was discovered that this action step relates to visitation between parents, children and siblings and not worker visits as previously reported. Time is requested in order to clarify policy
13.5 Develop and implement methods to monitor timely and quality visits between children and their parents and siblings	Margaret Bitz		1. Develop N-FOCUS report that monitors compliance with visitation policies.	11/02	11/02	1st Quarter: 11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families
			2. Develop and implement standardized supervisor oversight process to monitor compliance with timely visits between children and their parents and siblings. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	09/03	<p>1st Quarter: Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities: February 25-27, April 7-8, May 28-30, July 15-17, 2003 CCP Team received several presentations on proactive</p>

					<p>supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p>March 2003 Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p>5/16/03 First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p>5/29/03 (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p>6/23/03 All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p>7/15, 16, 17, 2003 (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p>7/18/03 Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p>7/20 – 8/10, 2003 Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p>8/12 & 13, 2003 Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p>8/18 & 19, 2003 Supervisor workgroup meeting in</p>
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					<p>Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p>9/3 & 4, 2003 CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p>9/5/03 Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p>9/17 & 18, 2003 Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17th with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p>10/7 & 8, 2003 Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
			3. Conduct case reviews on a sample of cases to monitor the quality of	07/03 09/04	<p>1st Quarter: Each month the Deputy Administrator forwards a tracking report to supervisors and</p>

			visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization 3rd Quarter: Request extension to 9/04. QA staff is not yet on board to assist in development of the case review
			4. Establish baseline on compliance with visitation policy.	07/03 03/04 09/04		1st Quarter: 03/04 extension date requested. QA staff is not yet on board to assist in developing a formal process. 3rd Quarter: Request extension to 9/04. QA staff is not yet on board to assist in development of the case review
			5. Establish targeted improvements based on baseline	07/03 03/04 09/04		1st Quarter: 03/04 extension date requested. QA staff is not yet on board to assist in developing a formal process. 3rd Quarter: Request extension to 9/04. QA staff is not yet on board to assist in development of the case review
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing 09/04		1st Quarter: Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred. 3rd Quarter: Request extension to 9/04. QA staff is not yet on board to assist in development of the case review

Item 14. Preserving connections

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase their efforts in preserving connections 71% of applicable cases reviewed to 75%.

Baseline: 71% established during the CFSR.

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
14.1. Strengthen policy and practice Regarding ICWA to include Tribal notification and maintenance of their cultural beliefs, customs and traditions	Todd Reckling	Item 14. Preserving Connections. (14.4)	1. Policy developed by HHSS in collaboration with the ICWA Specialists and NICWA.	10/03 07/04		<p>1st Quarter: Extension Requested to 07/04. The ICWA Specialist, Central Office management and the ICWA program specialist met with Dave Simmons on June 23, 2003 from NICWA center in Omaha, NE to discuss policy and practices related to best practices for Native American children. The issues of reasonable efforts and active efforts were discussed. One of the ICWA Specialists developed a guidebook of best practices for Native American children and families. HHS legal reviewed the guidebook in March 2003 and the information will be incorporated into the new policy/guidebook that is being developed.</p> <p>2nd Quarter: John Penn, contracted ICWA Specialist, has submitted his case review findings for 2003. Belva Morrison, contracted ICWA Specialist, broke her wrist and required some additional time to complete her case reads. Belva has finished her case reads in the Western Service Area and will be submitting her report during the month of February 2004. Belva has been working on her case read findings report and we will incorporate the most recent information from the Western Service Area later this month. Todd Reckling, Chris Hanus, and Shirley Pickens-White met with John and Belva on February 27, 2004 to discuss the findings and to develop a strategic improvement plan based on findings from the ICWA compliance reviews of 2002 and 2003.</p> <p>3rd Quarter: Belva and John, ICWA Specialists, have submitted their case reviews for 2002 and 2003. A work plan that includes recommendations from the case reviews has been drafted and is currently being reviewed to ensure that all areas of improvement have been identified.</p> <p>4th Quarter: Extension request to 12/04. After reviewing the drafter work plan it was decided that more in depth work need to be done with the plan before it can be finalized. Another meeting has been scheduled with the specialists for September 23, 2004.</p>
			2. Training developed in collaboration with ICWA specialists.	12/03 07/04		<p>1st Quarter: Extension Requested to 07/04. The ICWA Specialists are in the process of conducting case reviews to determine areas of improvement needing training. Reviews will be completed in December 2003, with a final report and</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>recommendations submitted in January 2004. Based on the findings from the 2003 review and the 2002 review, specific strategies related to Tribal notification and maintenance of their cultural beliefs, customs and traditions will be developed.</p> <p>3rd Quarter: A work plan that includes steps to improving Tribal notification and cultural competency has been drafted and is currently being reviewed to ensure that all areas of improvement have been identified.</p> <p>4th Quarter: Extension request to 12/04 to follow request in 14.1.1</p>
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04 08/04		<p>1st Quarter: Extension Requested to 08/04.</p> <p>4th Quarter: Extension request to 01/05 to follow request in 14.1.1</p>
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04 08/04		<p>1st Quarter: Extension Requested to 08/04.</p> <p>4th Quarter: Extension request to 01/05 to follow request in 14.1.1</p>
			5. Written policy disseminated through Administrative Memo.	04/04 08/04		<p>1st Quarter: Extension Requested to 08/04.</p> <p>4th Quarter: Extension request to 01/05 to follow request in 14.1.1</p>
			6. Policy implemented statewide.	04/04 08/04		<p>1st Quarter: Extension Requested to 08/04</p> <p>4th Quarter: Extension request to 01/05 to follow request in 14.1.1</p>
14.2. Develop and implement methods to measure ICWA compliance to determine progress in meeting the goal of preserving connections	Todd Reckling	Item 14. Preserving Connections (14.5)	1. Case reviews are conducted by contracted ICWA specialists	12/03 01/04	2/04	<p>1st Quarter: Request Extension to 1/04. HHS currently has contracts with two ICWA Specialists, John Penn who covers the Eastern Service Area and Belva Morrison who covers the Western Service Area. As part of their contract for the year February 1, 2003 to January 31, 2004, each ICWA specialist is required to review a set minimum number of randomly selected ICWA cases from each of the HHS service areas. A final report from the ICWA review compliance will be compiled in January 2004 and submitted to the service areas.</p> <p>2nd Quarter: John Penn, contracted ICWA Specialist, has submitted his case review findings for 2003. Belva Morrison, contracted ICWA Specialist broke her wrist and required some additional time to complete her case reads. Belva is finishing</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>up her case reads in the Western Service Area and should be done during the month of February 2004. Belva has been working on her case read findings report and will incorporate the most recent information from the Western Service Area later this month. Todd Reckling, Chris Hanus, and Shirley Pickens-White have met with John and Belva on February 27, 2004 to discuss the findings and to develop a strategic improvement plan based on findings from the ICWA compliance reviews of 2002 and 2003.</p> <p>3rd Quarter: Belva and John, ICWA Specialists have submitted their case reviews for 2002 and 2003. A work plan that includes recommendations from the case reviews has been drafted and is currently being reviewed to ensure that all areas of improvement have been identified.</p>
			2. Establish baselines on ICWA notification and placement with ICWA preferences.	02/04 4/04 07/04		<p>2nd Quarter: Extension Requested to 04/04. Shirley Pickens-White, Program Specialist, has been working with our business analyst, Lori Koenig to improve our monthly Native American Report so it is more useful in identifying Tribal and State wards and their placements. Due to the case reads not being able to be finalized until early March 2004, we are requesting an extension establishing baselines. The information from the case reads is vital in order to set accurate baselines.</p> <p>3rd Quarter: Extension Requested to 7/04. The format of Native American report has been changed. The report now identifies HHS wards and their placements and HHS-OJS wards and their placements. There has been a discussion about whether there needs to be a separate report on Tribal wards given that the State of Nebraska has no jurisdiction over these cases.</p> <p>4th Quarter: Extension Request to 12/04. The work plan needs to be completed before we establish the baselines. The agreed upon plan is necessary as it will guide the work.</p>
			3. Develop and implement standardized supervisor oversight process to monitor compliance with ICWA policies. Process will include time frames for supervisor's	04/04 12/04		<p>3rd Quarter: Extension Requested to 12/04. As part of the HHS Accountability Plan, supervisor expectations were identified. Part of the expectation for supervisors is that they discuss safety, permanency, and well-being for each child on the worker's caseload each month. The discussion will</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			reconciliation of reports, and timeframe for development of corrective action plan			include review of court orders, and questions about following department policies and procedures (i.e. placement preferences for Native American children.) The Accountability Plan was just released on June 01, 2004 and will actually be implemented for 3 of the service areas in July 2004, and in the remaining two service areas in October 2004. Therefore, we are requesting an extension until 12/04 so that the expectations can be implemented statewide, and then we would have approximately 2 months to meet and discuss specific strategies to monitor and evaluate progress in with ICWA compliance with preserving family connections. We have also just renewed (June-July 2004) our contracts in with two ICWA Specialists and they will be providing input into how we accomplish this benchmark. HHS is also in the process of hiring a QA Administrator and this person will be on board in July 2004 and assist with developing monitoring and evaluation strategies around ICWA compliance
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	05/04 and ongoing 03/05		3rd Quarter: Extension Requested to 03/05. See 14.2.3. Once the strategies have been identified in December 2004, we will monitor for three months and then develop and implement any necessary corrective action plans for improvement in March 2005.
14.3. Implement contract language changes to require due diligence in securing culturally competent service providers.	Sherri Haber	Item 14. Preserving Connections (14.6)	1. Contract language incorporated in current and future contracts.	7/03 and ongoing	07/03	1st Quarter: Standardized language approved by HHS Legal Division regarding contractors use of due diligence in securing culturally competent staff was added as 'boiler plate' language to all contracts that were negotiated beginning July 1, 2003 and it is to be used for all future contracts.
14.4. Enhance N-FOCUS to capture data relating to placement of children and proximity to parents and school	Margaret Bitz	Item 14. Preserving Connections (14.11)	1. System Investigation Request to develop reports regarding proximity of children to parents and school	06/04	05/04	3rd Quarter: Review of N-Focus has established that the system already has the capability to capture proximity to parents. Work is underway to add a field regarding correlation between placement changes and changes in school.
			2. Change to current system code is made.	06/04 03/05		3rd Quarter: Extension to 3/05 due to other system priorities of N-FOCUS.
			3. Code testing is completed and	06/04		3rd Quarter: Extension to 3/05 due to other system priorities

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			system is stable.	03/05		of N-FOCUS.
			4. Submit release a note explaining the change and current requirements is posted to Lotus Notes for workers.	06/04 03/05		3rd Quarter: Extension to 3/05 due to other system priorities of N-FOCUS.
14.5 Locate family members to increase the placement with kin	OH Team	NFP	Develop and issue written procedures to the use of the Federal Parent Locator Services through CHARTS	11/01/01	Completed	
			Present this information to P&S Staff	12/01/01	Completed	

Item 15. Relative Placement

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will improve its efforts in locating possible relatives for placement from 67% of applicable cases reviewed to 75%. of applicable cases reviewed.

Baseline: 67% established during CFSR

Method of Measuring Improvement: Nebraska CFSR

All Action Steps and Benchmarks for this item are included in other items.

Item 16. Relationship of child in care with parents

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will improve its efforts to support the parent-child relationship 55% of the applicable cases to 65%.

Baseline: 55% established during the CFSR

Method of Measuring Improvement: Nebraska CFSR and practice

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
16.1. Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.	Mark Mitchell	<i>Item 16. Relationship of child in care with parents. (16.6)</i> <i>Item 17- Needs and services of child, parents and foster parents (17.1)</i>	1. Renew contract with Nebraska Children and Families Foundation for a Fatherhood Initiative.	11/03	12/03	1st Quarter: The contract with Nebraska Children and Families Foundation was renewed in 12/03 with an effective date of November 1, 2003. This contract includes support of the fatherhood initiative.
			2. Send communication to fathers of	12/03	08/04.	1st Quarter: Request Extension to 2/04. Since the contract

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			state wards about fatherhood initiative and available resources in collaboration with the Nebraska Children and Families Foundation.	02/04 5/04 08/04		<p>was renewed in 12/03 for 11/03, this will allow the Nebraska Children and Families Foundation and opportunity to compose and send a letter to fathers of state wards communicating the available resources to them.</p> <p>2nd Quarter: Request extension to 5/04. Additional discussion needed to determine how best to reach fathers of state wards.</p> <p>3rd Quarter: Extension Requested to 08/04. Information for mailing has been received from Nebraska Children's Family Foundation-Fatherhood Initiative. Printing of mail labels delayed as a result of information management system work needed to develop the HHS Accountability plan and related outcomes for staff and supervisors.</p> <p>4th Quarter: Communication for fathers of state wards was sent in August 2004.</p>
			3. Conduct in-service training for staff across the state on fatherhood initiative. Training to be conducted by the Nebraska Children and Families Foundation.	06/04 09/04		3rd Quarter: Extension Requested to 09/04. Decision to delay was made due to prioritization of work on Intake and the Performance Accountability Plan
			4. Research other states' supports for non-custodial fathers to identify tools and resources	06/04 09/04		3rd Quarter: Extension Requested to 09/04. Decision to delay was made due to prioritization of work on Intake and the Performance Accountability Plan
16.2 Strengthen policy and practice regarding visits between parents and children and between siblings including supervised and non-supervised visits. This would include encouraging parents to participate in medical appointment and school events.	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	03/04 08/04	08/04	3rd Quarter: Request extension to 8/04. A review of the Case Management Guidebook has shown that already-existing direction is clear on the importance of visitation between parents and child, including expectations of minimum frequency of contact, discussion of having telephone calls and letters when necessary, guidance on use of supervision of visits only when necessary due to risk to the child, and rationale for having frequent visits. This guidebook addresses planning for the parent to be involved in the child's school activities and in medical appointment. It also addresses the necessity for sibling contacts. However, the material needs to be revisited from the standpoint of family-centered practice. This revision will be done after central office staff who develop policy complete their training on family-centered practice on June 23 and 24, 2004.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						4th Quarter: Draft policy is developed. A review of current policy shows that it already addresses encouraging parents to participate in school events and medical appointments.
			2. Training developed by HHS Staff.	09/04		
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	12/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
			5. Written policy disseminated through Administrative Memo.	01/05		
			6. Policy implemented statewide.	01/05		
16.3 Develop a method to measure visits between children and their parents and siblings.	Margaret Bitz		1. Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols	04/05		
			2. Establish baseline on compliance with visitation policy.	04/05		
			3. Establish targeted improvements based on baseline	04/05		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with visitation policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of	12/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			corrective action plan			
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety	04/05 and ongoing		

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

GOAL: By 7-1-05, Nebraska will increase its efforts in enhancing families capacity to provide for the children's needs from 32% of the applicable cases reviewed to 50%.

Evaluation method: Nebraska CFSR

Baseline: 32% established during the Federal CFSR

Item 17. Needs and services of child, parents, foster parents

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase its ability to adequately assess the needs and provide appropriate services to children, parents and foster parents from 56% of the applicable cases reviewed to 65%.

Baseline: 56% established during the Federal CFS Review.

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
17.1. Strengthen case planning policy and practice to ensure: <ul style="list-style-type: none"> needed services are identified in the comprehensive assessment process and provided to the family as well as the non-custodial parent; children, parents and support networks are included in initial case plan 	Margaret Bitz	<i>Item 17 – needs and services of child, parents, and foster parents. (17.4)</i> <i>Item 18- child and Family involvement in case planning (18.3),</i> <i>Item 25- Process that ensures that each child has a written case plan developed jointly with</i>	1. Policy developed in collaboration with the NRC's for Child Maltreatment, Foster Care and Permanency Planning and Family Centered Practice	09/03 07/04 09/04		<p>1st Quarter: Request extension to 07/04. It is necessary to make decisions on the flow of work prior to developing the policies. Based on work done by the Comprehensive Assessment Process Team, HHS has established a clear philosophy and basis for all work done in Protection and Safety. That philosophy now is being used to revamp the system in Nebraska, beginning with Intake. The second phase, Comprehensive Case Assessment, has begun the process of developing the work process and policies. Case planning will be a part of that work.</p> <p>The CCP group has identified services that are needed throughout the case. There is an emphasis placed on informal and community-based supports and services. Involvement of the non-custodial parent and other relatives for services and supports to the family are stressed in the</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
development and ongoing reassessment of the case plan •		child and parents (25.1)				new assessment process and service identification based on a family-centered approach. (GGO, 11/25/03) Service provision is currently collected in NCANDS. Additional analysis is needed to perfect its collection. 3rd Quarter: Extension Requested to 09/04. The comprehensive assessment policy and practice will be complete in July 2004. This assessment piece needs to be completed before the development of the case planning process.
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families and the Law (CCFL) and NRC's	11/03 08/04 09/04		1st Quarter: Extension date requested to 08/04. The same services that have been offered by HHS will remain available such as intensive family preservation, family support, individual and family therapy, etc. In addition, HHS will diligently work to involve kinship care into service delivery. Piloting of the comprehensive assessment with the use of more family supports will be test piloted in February 2004. Training is in the development stages at this time. 3rd Quarter: Extension Requested to 09/04 to follow extension request in 17.1.1
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	12/03 12/04		3rd Quarter: Extension Requested to 12/04 to follow extension request in 17.1.1
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03 12/04		3rd Quarter: Extension Requested to 12/04 to follow extension request in 17.1.1
			5. Written policy disseminated through Administrative Memo.	12/03 12/04		3rd Quarter: Extension Requested to 12/04 to follow extension request in 17.1.1
			6. Policy implemented statewide.	01/04 01/05		3rd Quarter: Extension Requested to 1/05 follow extension request in 17.1.1
17.2. Develop and implement methods for measuring compliance with policy regarding case plans	Quality Assurance Administrator	<i>Item 17 – needs and services of child, parents, and foster parents. (17.5)</i>	1. Provide supervisors and managers with reports on a monthly basis	07/02	07/02 and ongoing	1st Quarter: N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<ul style="list-style-type: none"> Involvement of appropriate people in case planning process 		<i>Item 18-</i> child and Family involvement in case planning (18.4), <i>Item 25-</i> Process that ensures that each child has a written case plan developed jointly with child and parents (25.2)				60 days of custody. Based on this report, another report is generated that is categorized by service areas that track trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with case plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03 10/04		<p>1st Quarter: Each month the Deputy Administrator forwards these reports to Administrators, Supervisors and to monitor data on compliance.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly the quality dimension. The proactive supervisor process in Nebraska includes the following activities:</p> <p>February 25-27, April 7-8, May 28-30, July 15-17, 2003 CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p>March 2003 Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p>5/16/03 First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p>5/29/03 (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p>6/23/03 All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p>7/15, 16, 17-2003 (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p>7/18/03 Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p>7/20 – 8/10, 2003 Determined that subgroup of NE supervisor's workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p>8/12 & 13, 2003 Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p>8/18 & 19, 2003 Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p>9/3 & 4, 2003 CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p>9/5 Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p>9/17 & 18, 2003 Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17th with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p>10/7 & 8, 2003 Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p> <p>3rd Quarter: Request Extension to 10/04 to coincide with the entire supervisory oversight process.</p>
			3. Establish baseline regarding the timely establishment of permanency goals Change language	07/03	06/02	1st Quarter: <u>A baseline was established in 6/02.</u> This baseline was 54%
			4. Conduct case reviews on a sample of cases to monitor the involvement of the appropriate people in the case planning process. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will	07/04	03/04	4th Quarter: To date we have reviewed 629 youth's cases through the ICCU review that we do in each Service Area. We ask the following questions: Did the reviewer find evidence of the ICCU youth's parent, including any non-custodial parent, being actively involved assessing and identifying needs during the Family Team Meeting? We also ask if the youth was actively involved in identifying

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols. (From 18.4.1)			and assessing his/her needs during the Family Team Meeting. We have gathered this data and it is being analyzed at this point
			5. Establish targeted improvements based on baseline.	08/03	06/02	1st Quarter: Targeted improvement was established to reach 100% by 1/1/03. As of 9/1/03, compliance was at 88%. <u>Baseline Established:</u> 88% <u>Targeted Improvement:</u> 90%
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 and ongoing	08/02	1st Quarter: If the monthly percentage has not equaled or exceeded the previous month numbers, a correction action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan can be completed at any level within the organization.
17.3. Develop and provide supports to foster, relative and adoptive parents to meet identified needs.	Chris Hanus	<i>Item 17 – needs and services of child, parents, foster parents (17.6)</i> <i>Item 29-</i> Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing <i>Item 44-</i> Process to ensure diligent recruitment and	1. Renew contract with the Nebraska Foster Parent Association to provide mentoring supports.	07/03	07/03	1st Quarter: Completed contract renewal effective July 1, 2003.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		retention of potential foster and adoptive parents (44.4)				
			2. Conduct foster parent surveys in collaboration with NFAPA. <ul style="list-style-type: none"> To determine support issues; and whether or not they have been invited to and actively participated in reviews / hearings. 	10/03 1/04	1/04	1st Quarter: Extension Requested to 1/04. A foster parent satisfaction survey was developed in collaboration with the Nebraska Foster and Adoptive Parents Association in April and May of 2003. 2nd Quarter: The survey will be mailed to current foster and adoptive parents in January 2004. A report regarding the returned surveys was compiled in 2/04. Returned surveys were tallied and a composite report of results will be available in May of 2004. In addition, NFAPA surveys foster parents exiting the system. A report is available on data collected from January 2003 through September 2003. This survey was developed in collaboration with the Department and NFAPA.
			3. Analyze information from the foster parent survey to identify retention needs	12/03 5/04	05/04	1st Quarter: Extension Requested to 5/04. Surveys will be sent in January of 2004. This will allow time for foster and adoptive parents to complete and return their surveys and allow for a report to be generated to be analyzed. 3rd Quarter: Survey information has been analyzed and a report has been developed.
			4. Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA.	12/03 5/04	05/04	1st Quarter: Extension Requested to 5/04. Results of the surveys need to be available in order to establish a baseline. 3rd Quarter: The results indicated that 47.61% of the foster parents were frequently to always satisfied <u>Baseline: 47.61%.</u>
			5. Establish targeted improvements based on baseline	12/03 5/04	05/04	1st Quarter: Extension Requested to 5/04. A baseline needs to be established in order to target improvements. 3rd Quarter: <u>Targeted Increase: 47.61% to 59.61%</u>
			6. Redesign respite care support program	12/03 5/04 09/04		1st Quarter: Extension Requested to 5/04. The information gathered through the surveys is important and needed information for redesigning the respite care support program.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						3rd Quarter: Extension Requested to 9/04 to coincide with the Timely Adoptions and Permanency Actions Initiative for recruitment and retention of foster and adoptive families.
			7. Implement respite care support program.	06/04 10/04		3rd Quarter: Extension Requested to 10/04 to coincide with the Timely Adoptions and Permanency Actions Initiative for recruitment and retention of foster and adoptive families.
			8. Reassess foster parent satisfaction by conducting follow-up surveys.	06/04 01/05		3rd Quarter: Extension Requested to 1/05 to coincide with the Timely Adoptions and Permanency Actions Initiative for recruitment and retention of foster and adoptive families.
			9. Determine and implement improvement strategies.	07/04 and ongoing 01/05		3rd Quarter: Extension Requested to 1/05 to coincide with the Timely Adoptions and Permanency Actions Initiative for recruitment and retention of foster and adoptive families.
17.4. Collaborate with the Doral Group, Inc. who will work in conjunction with the Center for Marriage and the Family at Creighton University.	Margaret Bitz	Item 17 – needs and services of child, parents, foster parents (17.8)	1. Contract with The Doral Group, Inc.	08/03	07/03	<p>1st Quarter: Initial contract with Doral Group in July of 2003 to write a grant proposal for Healthy Marriage Initiative funds. Nebraska was awarded a 3 year grant from September 2003 to September 2006 at \$200,000 per year. The “kick-off” event sponsored by Governor Johanns at the Governor’s Mansion was held in 11/03. Federal ACF representatives, Congressional representatives, State legislators and representatives, State agency and County representatives were in attendance.</p> <p>Held planning meeting with grant partners on October 5, 2003.</p> <p>HHS and the Doral Group now are beginning work to implement the grant activities. This contract was signed by Ron Ross on November 28, 2003.</p> <p>Attended ACF grantees conference in Washington DC on December 8-10, 2003.</p> <p>2nd Quarter: Marketing plan which includes community awareness, client & mentor couple recruitment was developed but cannot be implemented until community</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						baseline survey results have been received 3/25/04. Marketing plan implementation date is 4/04. The program brochure has been developed with a 4/04 distribution date planned. Conference planned for April of 04 have been delayed until community based survey results have been received. Conference now planned for August 04, June 05 and July 06.
			2. Request technical assistance from Regional ACF.	10/03	6/03	1st Quarter: HHS and the Doral Group have received and will continue to utilize TA from ACF, both at the Regional and National level.
17.5 To use residential and non-residential evaluations effectively and efficiently	Margaret Bitz	NFP	1. Develop recommendations on changes needed in the use of residential and non-residential evaluations (use, format, etc.)	1/1/02	Completed	
			2. Implement recommendations	6-30-03		
17.6 Monitor the quality of evaluations and assessments to assure better outcomes for youth.	QA Administrator	NFP	1. Develop a tool to monitor the quality of standardized residential and non-residential OJS evaluations and Family Assessments	6-30-03		3rd Quarter: Extension to 6/04
			2. Train supervisors on identifying quality, and on the process and tool for monitoring	2/1/03		3rd Quarter: Extension to 6/04
			3. Develop methods of measurement on monitoring the quality of evaluations and assessments to assure better outcomes for youth.	6/04		
17.7 To ensure youth assessments and evaluations are consistent across the state and correspond to Probation's assessments.	Al Jensen	NFP	1. Probation and HHS will agree upon and implement the use of a Common Screening Tool by all stakeholders who interact with at-risk or offending youth	3-31-03		
			2. Train	9-30-03		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Begin Implementation	12-31-03		
17.8 To address the high supervisor to staff ratios that limits the supervisor's ability to train and guide PSW's; and engage supervisors to play a significant role in training PSW's to provide best practice social work that complies with policy and is family-centered.	PSA OH Team	NFP	1. Gather and collect data related to supervisory and caseload.	8/1/01	Completed	
			2. Review data and national standard and establish supervisor to staff ratio. Establish a plan and determine the # of FTE's needed to accomplish this	Baseline established	Completed	
			3. Report to the Director	8/15/01	Completed	
			4. Implement a phased in approach pending approval	9/15/01	Completed	
17.8 The Central Office Division P&S staff will support P&S Field and YRTC staff.	NFP Mgmt Team	NFP	1. Informal visits by P&S Central Office Division to the field (Service Areas, YRTC's, etc.) will be scheduled at least twice a year	10/01/01	Completed	
			2. Visits occur	6-30-04	Completed	
			3. Develop tool to access level of support provided by OP&S	9-30-04		
			4. Implement.	9-30-04		
			5. Analyze results	12-31-04		
			6. Develop Improvement Plans	03-31-05		

Item 18. Child and family involvement in case planning

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase children and family involvement in case planning from 26% of the applicable cases reviewed to 55%.

Baseline: 26% established during the CFSR

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
18.1. Incorporate wrap around principals into all policy revisions including decisions and linkages, initial safety check, discovering strengths, and convening a family team.	Todd Reckling	<p><i>Item 18. Child and family involvement in case planning (18.7)</i></p> <p><i>Item 25- Process that ensures that each child has a written case plan developed jointly with child and parents (25.7)</i></p>	1. In collaboration with the NRC's, all policies are developed and strengthened to incorporate the wrap around principals.	02/03 and ongoing	02/03 to 10/03	<p>1st Quarter: Direction for the use of the principles of family centered practice in policy was collaboratively developed through the Collaborative Case Practice (CCP) process from February –October 2003. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Family Centered Practice issues such initial safety check, discovering strengths, and convening a family team. were discussed at the CCP groups meeting's number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) met with Cathy Welsh from the Child Maltreatment NRC on July 31, and August 01, regarding safety issues from a family centered approach. Todd Reckling and Michelle Eby co-leads for CCP Initiative also met with Janyce Fenton from Colorado on August 08 to discuss case planning and how to identify and incorporate the family's and child's strengths during case planning and assessment.</p> <p>Draft tools for a family centered comprehensive assessment, case plan, court report, and convening a family team meeting have been developed, but not finalized.</p> <p>2nd Quarter: Family-centered practice continues to be developed in policy and practice for use throughout the life of a case. In February 2004, Central Office started working with Nancy Montanez (CEO Western Service Area) to bring family-centered practice training to the program specialists and administrators in the Central Office. This training is being planned for March or April 2004.</p> <p>Due to the extreme demands placed on the protective services system after implementing the new specialized</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						Intake tools and processes, the comprehensive assessment and family-centered practice have been slower to finalize development on and implement. Some of the service areas such as the Western Service Area have the vast majority of their workers trained in family-centered practice. The Central Service Area is in the process of planning for family-centered practice training for their area. There will be subsequent discussions on the comprehensive assessment implementation plan on March 17, 2004 at the next chartered NFP meeting
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	10/03 07/04	07/04	<p>1st Quarter: Extension requested to 07/04. Training to include decisions and linkages, initial safety check, discovering strengths, and convening a family team. is still being revised based on family-centered practice principles. Training that was delivered for Intake included a family centered approach in the method and type of information being collected from the reporter about the family. Family-Centered Practice Training was delivered to the training unit on August 14, 2003 with 5 of the trainers. Family Centered Practice Training was also delivered to the supervisors targeted to pilot the comprehensive assessment on October 29, 2003 and November 19, 2003. Some of the Central Office Program Specialists attended the training on October 29, 2003. Additional family centered practice training will be delivered to the pilot site supervisors and central office staff in January 2004. It is still not determined with all workers will receive family centered practice training. The Western Service Area has individually been training staff from its service area regarding family centered practice approaches.</p> <p>4th Quarter: During the month of July 2004, Todd Reckling P&S Administrator, Director Montanez, and one of the Service Area Administrators worked together to temporarily reallocate an FTE position to be responsible for overseeing family-centered practice statewide for Protection and Safety. Pam Mann was temporarily reassigned from the Western Service Area to the Central Office to assist HHS with ongoing and future efforts related to family-centered practice. Pam has been trained in family-centered practice under Mary Grealish, (family-centered expert and</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>curriculum designer) and has been a trainer herself for the past several years. Pam is working with Todd to develop a plan for building internal capacity within HHS to have HHS Family-Centered Practice Trainers within the division of Protection and Safety and other areas of HHS. These internal HHS Family-Centered Practice trainers will then train the HHS Protection and Safety staff and other HHS staff. Pam is also responsible to assist with specific cases to provide consultation on the cases to make sure they are occurring from a family-centered approach, and to offer alternative opportunities to improve the case situation by building on the values and principles of family centered practice. Pam's other responsibility is to consult in the design, development, implementation, and evaluation of Protection and Safety practices, procedures, and policies to assure they adhere to the values, beliefs, and principles of family-centered practice.</p> <p>Protection and Safety brought Mary Grealish in for Family Centered Practice Training on two different occasions in August 2004. Mary trained approximately 35+ staff at each session composed of representatives from the HHS-CCFL training unit, service areas, YRTC's, ICCU's, and Regional 24-hour facilities. The HHS-CCFL trainers participated in "Train the Trainer" sessions with Mary and will be working with Pam Mann on further family centered practice training initiatives over the upcoming months as identified in the plan that is being developed.</p> <p>Mary also consulted with a representative from our training unit regarding Protection and Safety New Worker Training curriculum. Mary will be providing additional consultation on the curriculum.</p>
18.2 Develop and implement methods for measuring quality of case plans			1. Identify standards of quality and methods of measurement of quality of case plans.	07/04 10/04		<p>3rd Quarter: 07/04 Extension requested to 10/04 Todd Reckling was assigned this action step and associated benchmarks. Todd assumed the responsibilities of Administrator for the Office of Protection and Safety in May 2004. Outcome measures under HHS' new "Accountability Plan" that was unveiled June 01, 2004 specify expectations for case plans to be completed within</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						60 days of the child coming into the care, custody, control of HHS or HHS/OJS. Another expectation is that the case plan be updated at least every 6 months. The accountability plan was a part of the Governor's response to the Children's Task Force. HHS provided training on these expectations to the administrative and supervisory staff through a training conference held June 15-16, 2004. Each of the Service Areas after the conference then provided training on the accountability plan to their workers. Part of the expectation for supervisors is that they discuss safety, permanency, and well-being for each child on the worker's caseload each month. The discussion will include review of the case plan (i.e. engagement of the family in the planning process, review of the outcomes to make sure they address safety, permanency, and well-being, service provision, etc.) The Accountability Plan was just released on June 01, 2004 and will actually be implemented for 3 of the service areas in July 2004, and in the remaining two service areas in October 2004. HHS is also in the process of hiring a QA Administrator and this person will be on board in July 2004 and assist with developing methods of measuring the quality of case plans. In addition, HHS in the fall of 2004, will implement a customer satisfaction survey and on the survey form a specific question deals with true family involvement in case planning which is one aspect of a "quality" of the case plan. Finally, HHS will be working with the juvenile court judges to improve the content and quality of the case plan and court report. HHS initially met with one juvenile court judge back in November 2003. Then, HHS top administration met on June 24 with the juvenile court judges and discussed areas for improvement in overall communication and information exchange between the two agencies (i.e. case plans/court reports) in order to meet the needs of the court to make reasonable and accurate findings for the child and family.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with having quality case plans. Process will include time frames for supervisor's reconciliation of reports, and	07/04 10/04		3rd Quarter: Extension request to 10/04 to follow extension request 18.2.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			timeframe for development of corrective action plan			
			3. Implement methods of measurement on the quality of case plans.	09/04 10/04		3rd Quarter: Extension request to 10/04 to follow extension request 18.2.1
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing 10/04		3rd Quarter: Extension request to 10/04 to follow extension request 18.2.1

Item 19. Worker visits with child

Goal Negotiated Measure; % of Improvement: By 7-1-05 Protective Service Workers will increase monthly visitation with children from 60% of the applicable case reviewed to 75%.

Baseline: 60% established during the CFSR

Method of Measuring Improvement: N-FOCUS

Action Steps and Benchmarks for this item are included with other items.

Item 20. Worker visits with parents

Goal Negotiated Measure; % of Improvement: By 7-1-05, Protective Service Workers will increase monthly visitation with parents from 44% of the applicable case reviewed to 65%.

Baseline: 44% established during the Federal CFS Review

Method of Measuring Improvement: N-FOCUS

Action Steps and Benchmarks for this item are included with other items.

Outcome WB2: Children receive appropriate services to meet their educational needs.

GOAL: By 7-1-05, Nebraska will increase its effectiveness of ensuring children receive appropriate services to meet their educational needs from 86.1% of the applicable cases reviewed to 90%.

Evaluation method: Nebraska CFSR

Baseline: 86.1% established during the CFSR

Item 21. Educational needs of the child.

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the educational support for special needs children. from 86.1% of the applicable cases reviewed to 90%.

Baseline: 86.1% established during the CFSR

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
21.1. Develop standardized case file format to include an educational section and what is to be included in the section.	Sherri Haber	Item 21. Educational needs (21.1)	1. Case file format developed.	04/03	04/03	1st Quarter: In April 2003 a Standardized format for the Protection & Safety case file was developed. Input was obtained from Program Staff, trainers and a review of previous policies. Consensus was obtained as to the format & content. A final document was prepared.
			2. Standardized format communicated to staff through Management Memo.	04/03	04/03	1st Quarter: On 04/17/03 an Administrative Memo was sent to staff outlining the standardized case file format
			3. Training developed by HHS Staff.	05/03	05/03	1st Quarter: In April 2003 the Training division incorporated the standardized case file format into the training components.
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	05/03	05/03 and ongoing	1st Quarter: In April & May 2003 supervisors and managers across the state met with staff during their staff meetings and reviewed the new format, received feedback and implemented.
			5. Case file format implemented statewide.	05/03	05/03	1st Quarter: The new case file format was fully implemented in May 2003 with all new cases using the new format. Because of workload issues, we did not have staff change existing files. The field did ask Central Office to purchase pre-labeled dividers/inserts. In August 2003, shipments of these were received and distributed to the field.
21.2. Strengthen state ward education policy and practice to include obtaining appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review.	Margaret Bitz	Item 21. Educational needs (21.2)	1. Policy developed by HHSS.	10/03 03/04 07/04		1st Quarter: Request extension to 3/04. HHS is working with the NE Department of Education to explore the use of an online, computer based curriculum for use with children who must be moved from their home school district. This includes working with the Department of Education to obtain appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review. Once this work has been completed, HHS will develop policy. 2nd Quarter: Exploration of the online curriculum is continuing. On February 14, 2004 personnel from the NE Department of Education and HHS met to discuss implementation of

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>Rule 18. This regulation, certified by the Department of Education on December 29, 2003, will assure quality education of youth in NE facilities that have their own schools. It requires approval of each school by the NE Board of Education, based on a number of criteria. One example of a criterion is that the facility must have in place a liaison to the youth's home school district to assure that the youth will receive school credit for education received at the facility. Implementation of Rule 18 will begin in the summer of 2004, with the expectation that schools wanting to receive payment from HHS for HHS or court wards in placement will have to be approved by approximately March, 2005.</p> <p>On February 18, 2004, the Court Improvement Project hosted a meeting of persons from the NE Department of Education, courts, and HHS. Two of the people in attendance also were foster parents. The meeting began with a presentation by Kathleen McNaught (of the National Child Welfare Resource Center on Legal and Judicial Issues) on key roles and issues in educational advocacy for children in child welfare cases. The group then discussed barriers to education of children in care, e.g., mobility, lack of information sharing, lack of advocacy, and ineffective communication. As a result of the meeting, a small group of people will be meeting to identify 2-3 issues to receive intensive focus in the next year. Those issues will be presented at a larger meeting/conference of persons who will be asked to commit to making the changes. The Court Improvement Project and NE Department of Education will take the lead in organizing this effort, with involvement from HHS.</p> <p>3rd Quarter: Request extension to 7/04. A review of policy shows that timely sharing of information with schools is directed. It is necessary to develop additional policy related to testing and evaluation.</p> <p>4th Quarter: Request extension to 09/04 for inclusion of a discussion of education needs in the case planning policy that will be developed. In reviewing current regulations, we note that the responsibility for securing specific care and</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						treatment for a child, including medical, psychological, or school evaluations, is placed with the temporary care giver, under guidance of the worker as outlined in the case plan (390NAC 7-001.05).
			2. Training developed by HHS Staff.	12/03 6/04 09/04		2nd Quarter: Request extension to 6/04 to allow time to work with the Court Improvement Project and NE Department of Education to identify system wide efforts that will have the greatest impact on improving education opportunities for wards. 3rd Quarter: Request extension to 9/04 to follow extension request 21.2.1
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04 6/04 09/04		2nd Quarter: Request extension to 6/04. One effort that will be completed in 3/04 is a re-issuance of information to field staff regarding their responsibility in notification to schools when a ward is transferring in. This notification includes: the worker's opinion about a parent's intent to maintain his/her education rights for the child. 3rd Quarter: Request extension to 9/04 to follow extension request 21.2.1
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04 6/04 09/04		2nd Quarter: Request extension to 6/04 3rd Quarter: Request extension to 9/04 to follow extension request 21.2.1
			5. Written policy disseminated through Administrative Memo.	04/04 6/04 10/04		2nd Quarter: Request extension to 7/04 3rd Quarter: Request extension to 10/04 to follow extension request 21.2.1
			6. Policy implemented statewide.	04/04 6/04 10/04		2nd Quarter: Request extension to 7/04 3rd Quarter: Request extension to 10/04 to follow extension request 21.2.1
21.3. Develop and implement methods for measuring compliance with policy relating to education of state wards.	Quality Assurance Administrator	Item 21. Educational needs (21.3)	1. Conduct case reviews on a sample of cases to monitor compliance with the education policy for state wards. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent	07/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 21.2.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
			2. Develop and implement standardized supervisor oversight process to monitor compliance with the education policy for state wards and to assure that educational records are contained in the file. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04 10/04		3rd Quarter: Request extension to 10/04 to follow extension request 21.2.1
			3. Establish baseline to measure compliance with the education policy for state wards.	09/04 03/05		3rd Quarter: Request extension to 3/05 to follow extension request 21.2.1
			4. Establish targeted improvements based on baseline.	09/04 03/05		3rd Quarter: Request extension to 3/05 to follow extension request 21.2.1
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing 03/05		3rd Quarter: Request extension to 3/05 to follow extension request 21.2.1
21.4. Service area management staff will meet with administrative staff from local schools each school year to discuss educational issues of state wards.	Chris Hanus	NFP	1. Meetings conducted and documented.	12/04		
			2. HHS and schools jointly develop	03/05		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			and implement action plans to address identified problems.			
			3. Identify present school wraparound activities	06/03		
			4. Gather and collect baseline data identified for evaluation comparison between communities with and without school wraparound programs	Year 3		3rd Quarter: These benchmarks are being deleted as they will be addressed in the Service Array Action Step.
			5. Develop one additional school wraparound program in each SA for non-wards	Year 3		
			6. Gather & analyze data on the educational gaps of state wards. Develop a protocol for meeting the needs based on the analysis	Year 3		
			7. Implement	Year 3		

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

GOAL: By 7-1-05, Nebraska will increase its efforts to ensure children receive adequate services to meet their physical and mental health needs from 55.3% of the applicable cases reviewed to 60%.

Evaluation method: Nebraska CFSR

Baseline: 55.3% established during the CFSR

Item 22. Physical health of the child

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will improve its ability in addressing children's health needs from 73% of the applicable cases reviewed to 76%

Baseline: 73% established during the CFSR

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
22.1. Strengthen policy and practice to require the documentation of health, dental and mental health examinations on	Margaret Bitz	Item 22. Physical health of child (22.1)	1. Policy developed by HHSS.	10/03 2/04 5/04 06/04	08/04	1st Quarter: Request extension to 2/04 to assure that N-FOCUS capability can be in place prior to the development of policy requiring documentation in N-FOCUS. Several alternatives have been explored to assure that the information can be documented accurately and efficiently

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
N-FOCUS.						on N-FOCUS, and discussion is underway. 2nd Quarter: Request extension to 5/04. 3rd Quarter: Request extension to 6/04 Completed for wards who are in out of home care. A policy review revealed that existing policy contains detailed expectations regarding role of worker and foster parent, expectation of services to be provided, and timeframes for occurrence of exams when a child is in out of home care. That policy will need to be expanded to include wards who reside at home. 4th Quarter: Policy has been completed.
			2. Training developed by HHS Staff.	12/03 6/04		2nd Quarter: Request extension to 6/04 to follow extension request 22.1.1 4th Quarter: Request removal of this benchmark. Because training will be done by managers and supervisors, using the policy, it is unnecessary to develop training materials.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04 6/04		2nd Quarter: Request extension to 6/04 to follow extension request 22.1.1 4th Quarter: Request extension to 11/04 to coincide with 22.1.5.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04 6/04		2nd Quarter: Request extension to 6/04 to follow extension request 22.1.1 4th Quarter: Request extension to 11/04 to coincide with 22.1.5.
			5. Written policy disseminated through Administrative Memo.	04/04 7/04		2nd Quarter: Request extension to 7/04 to follow extension request 22.1.1 4th Quarter: Request extension to 10/04 to coincide with 22.1.5.
			6. Policy implemented statewide.	04/04 7/04		2nd Quarter: Request extension to 7/04 to follow extension request 22.1.1 4th Quarter: Request extension to 11/04 to coincide with 22.1.5.
22.2. Create an automated monthly alert on N-FOCUS that	Margaret Bitz	Item 22. Physical health of child (22.2)	1. System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and	07/03 1/04 6/04		1st Quarter: Request extension to 1/04. Discussion with N-FOCUS staff regarding alternatives to creation of an alert is currently taking place.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
indicates which children are due for a health care or dental examination for Protection and Safety Workers.			eliminate the default feature is reviewed and approved	03/05		<p>2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions.</p> <p>3rd Quarter: Request extension to 3/05. A review of potential N-FOCUS functions was completed. An alert to remind workers of the need for physical exams already exist, and are not resulting in the desired outcome. Therefore, the decision has been made to include information on dates of medical and dental exams on the supervisory reports. (These are monthly reports for each supervisor that provides important information on each child within his or her supervisory unit.) Although the decision was made early in May to add this data element to the reports, it cannot be added until the July, 2004 release. Additional changes to record more detailed information on N-Focus cannot be completed until the March, 2005 release</p>
			2. Change to current system code is made	11/03 2/04 6/04 03/05		<p>1st Quarter: Request extension to 2/04 based on extension requested above.</p> <p>2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions</p> <p>3rd Quarter: Request extension to 3/05 due to other system priorities for N-FOCUS</p>
			3. Code testing is completed and system is stable	11/03 2/04 6/04 03/05		<p>1st Quarter: Request extension to 2/04 based on extension date requested above.</p> <p>2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions</p> <p>3rd Quarter: Request extension to 3/05 due to other system priorities for N-FOCUS</p>
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	11/03 3/04 7/04 03/05		<p>1st Quarter: Request extension to 3/04 based on extension date requested above.</p> <p>2nd Quarter: Request extension to 7/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						3rd Quarter: Request extension to 3/05 due to other system priorities for N-FOCUS
22.3. Develop and implement methods for measuring that health and dental examinations are received as required by policy including follow-up care for identified problems.	Quality Assurance Administrator	Item 22. Physical health of child (22.3)	1. Develop an N-FOCUS report that provides information on the child's receipt of health, dental and mental health exams.	11/03 4/04 03/05		1st Quarter: Request extension to 4/04 to follow the N-FOCUS change (listed in the action step above) for capturing information in N-FOCUS. 3rd Quarter: Request extension to 3/05. A review of potential N-FOCUS functions was completed. An alert to remind workers of the need for physical exams already exist, and are not resulting in the desired outcome. Therefore, the decision has been made to include information on dates of medical and dental exams on the supervisory reports. (These are monthly reports for each supervisor that provides important information on each child within his or her supervisory unit.) Although the decision was made early in May to add this data element to the reports, it cannot be added until the July, 2004 release. Additional changes to record more detailed information on N-Focus cannot be completed until the March, 2005 release.
			2. Provide reports to supervisors and managers.	11/03 4/04 03/05		1st Quarter: Request extension to 4/04 based on extension request above. 3rd Quarter: Request extension to 3/05 based on extension request above in 22.3.1
			3. Conduct case reviews on a sample of cases to monitor that children are receiving health, dental and mental health examinations as required by policy and based on the child's needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04 03/05		3rd Quarter: Request extension to 3/05 based on extension request above in 22.3.1
			4. Develop and implement	03/04		3rd Quarter: Request extension to 3/05 based on

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			standardized supervisor oversight process to monitor compliance with children receiving health and dental examinations as required by policy and based on their needs. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/05		extension request above in 22.3.1
			5. Establish baseline regarding compliance with obtaining health and dental examinations based on policy and the needs of the child.	09/04 03/05		3rd Quarter: Request extension to 3/05 based on extension request above in 22.3.1
			6. Establish targeted improvements based on the baseline.	09/04 03/05		3rd Quarter: Request extension to 3/05 based on extension request above in 22.3.1
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 03/05		3rd Quarter: Request extension to 3/05 based on extension request above in 22.3.1
22.4. Clarify expectations to placement providers requiring the need to maintain health and dental care records of children in their care	Margaret Bitz	Item 22. Physical health of child (22.4)	1. Identify expectations in collaboration with NFAPA and provider organizations.	10/03 3/04 08/04		<p>1st Quarter: Request extension to 3/04. More time is needed to work with NFAPA and the providers in establishing expectations that require the need to maintain health and dental care records of children in their care</p> <p>3rd Quarter: Request extension to 8/04. Existing policy is clear on requirements for the care that is to be provided. Discussion will be held with NFAPA and other providers regarding how the information is maintained</p> <p>4th Quarter: Request extension to 12/04. Contracts with facilities require maintenance of records for children. We need additional time to work with NFAPA regarding maintenance of those records by foster parents.</p>
			2. Communicate expectations to staff,	12/03		1st Quarter: Request extension to 2/04. Expectations need

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			foster parents and provider organizations through a letter or article in the NFAPA and provider organization newsletters.	2/04 5/04 08/04		to be established prior to communicating them to foster parents and provider organizations. 2nd Quarter: Request extension to 5/04 to align with timeframes above. 3rd Quarter: Request extension to 8/04, to align with timeframe above 4th Quarter: Request extension to 12/04, to follow the extension in 22.4.1.
			3. Incorporate health and dental care expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences.	01/04 6/04 08/04		2nd Quarter: Request extension to 6/04 to align with timeframes above. 3rd Quarter: Request extension to 8/04, to align with timeframe above. 4th Quarter: Request extension to 12/04 to align with timeframe in 22.4.1 and 22.4.2
			4. Revise current and future contracts with out of home care providers to address the expectations regarding the need to maintain health and dental care records of children in their care.	07/04 08/05	08/04	3rd Quarter: Request extension to 8/04 to follow extension request 22.4.1 4th Quarter: Review of current provider contracts shows that facilities are required to maintain these records.

Item 23. Mental health of the child

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will improve its ability in addressing children's mental health needs from 66% of the applicable cases reviewed to 69%.

Baseline: 66% established during the Federal CFSR

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
23.1. Develop a standardized pre-treatment assessment that addresses the child's mental health needs and recommends treatment as	Margaret Bitz	Item 23. Mental health of child (23.1)	1. Assessment developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03	10/03	1st Quarter: The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April –September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
needed such as substance abuse, eating disorders, etc.						Child and Adolescent Assessment (CCA) will be “test piloted” on the Office of Juvenile Services youth that have been ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.
			2. Assessment requirements disseminated to Medicaid providers by Central Office Medicaid.	12/03 7/04	8/04	<p>1st Quarter: Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized.</p> <p>2nd Quarter: A number of steps necessary for distribution and use of the criteria have occurred. Regulation in 479 NAC was certified on February 23, 2004. This regulation change was necessary to clarify when a ward is eligible for Medicaid. A decision was made to create a Preferred Provider Panel, with only those providers being authorized by Magellan (Nebraska’s ASO) to do the OJS evaluations. The criteria for the Preferred Provider Panel is completed and will be mailed by Magellan to current OJS evaluation providers the first week in March, with an invitation to apply. Applications must be returned by April 1, 2004. A selection process will be followed, including reviewers from Magellan, Medicaid, and Protection and Safety, and external mental health providers. Providers will be ready to provide the service by May 1, 2004. Upon having the decision regarding which providers are on the Preferred Provider Panel, Protection and Safety will issue an RFQ to all of them to ask if they also are interested in a contract to provide this service to youth who are not Medicaid eligible. Mailing date for this RFQ is dependent on Magellan approval of the Preferred Provider Panel but is anticipated during April, 2004.</p> <p>4th Quarter: On August 1, 2004, the new OJS Evaluation process was started. The clinical portion of the evaluation, called the Comprehensive Child and Adolescent</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						Assessment, now is completed by providers who have committed to meeting a stringent set of criteria. These criteria include several elements to insure quality of the evaluation, including the requirement that the drug/alcohol assessment be done by a certified CADA, and that each youth have a psychiatric assessment and a health screening. To enhance this process, the HHS worker who processes the order for an OJS evaluation must check the Medicaid system to find out if the youth has been or is being seen within the past year by a mental health provider under the auspices of Medicaid. If so, that information is included with the referral so the CCAA provider can access prior records. The CCAA provider has 10 working days to complete the evaluation. If the recommendation includes mental health or substance abuse treatment, our ASO, Magellan, assures that the treatment can be authorized. If there are differences of opinion, they are worked out before the final report is sent to the HHS worker. The HHS worker then completes a risk and needs assessment, prepares a recommendation to include any mental health/substance abuse treatment and any child welfare service recommendations, and sends the report to the court. The court then issues its order regarding ongoing custody, placement, and treatment for the youth.
			3. Training conducted by Medicaid on use of assessment.	12/03 7/04	7/04	<p>1st Quarter: Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized. Training on the new pretreatment evaluation would be provided by Managed Care and Medicaid for the preferred providers selected to be in the approved network. HHS would then offer training to the OJS evaluation coordinators on the new evaluation. This training has not been finalized yet.</p> <p>2nd Quarter: Medicaid and Magellan will provide training prior to implementation, which is scheduled by July 1, 2004.</p> <p>4th Quarter: Initial training was done with providers and HHS staff by Medicaid, Magellan, and Office of Protection and Safety Staff in 7/04. In addition, materials needed for referrals and reports, along with a document that clearly</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						outlines the entire process and each actor's roles and responsibilities, has been put on an HHS-internal web site for reference by staff. This material is being updated regularly as needed.
			4. Implement use of assessment	12/03 7/04	8/04	<p>1st Quarter: Request Extension to 7/04. The new pretreatment assessment is not ready to be finalized yet so training dates for staff has not been established. OJS evaluation contracts were extended through December 31, 2003 and in December 2003 they were extended again through 06/30/2004 to provide adequate time to finalize the evaluation process.</p> <p>2nd Quarter: Implementation of the total process is scheduled for July 1, 2004. It is possible that partial implementation will occur in May, 2004.</p> <p>4th Quarter: Implementation began 8/1/04.</p>
			5. Monitor completed assessments to determine that the standardized assessment addresses the child's mental health needs and that appropriate services are being provided.	03/04 7/04	8/04	<p>1st Quarter: Request Extension to 7/04.</p> <p>4th Quarter: Magellan is reviewing every CCAA report and helping providers make needed adjustments and corrections. As with any new process, we have to make minor adjustments, even with only one month's experience. We will continue this process of monitoring and refinement on an ongoing basis, including regular (monthly at this point) conference calls with HHS staff for input and periodic inquiries and meetings with courts for input. With only a month's experience behind us, we believe the process and resulting information will assist greatly in meeting the mental health/substance abuse needs of youth. If we continue to see success, we will give consideration in the future to expand the CCAA process to a larger portion of children entering the HHS system.</p>
23.2. Develop policy regarding when and how to access pre-treatment assessments for mental health issues.	Margaret Bitz	Item 23. Mental health of child (23.2)	1. Policy developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03 7/04	09/03	<p>1st Quarter: Extension requested to 07/04. The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April –September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive Child and Adolescent Assessment (CCAA) will be “test piloted” on the Office of Juvenile Services youth that have been</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. The tool is a very in-depth assessment and evaluation of the child or youths mental health issues, behavioral needs, and substance abuse needs. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.</p> <p>4th Quarter: 1st Quarter: Protocol was developed in September 2003 by Margaret Bitz with HHS, Medicaid, and Managed Care staff.</p>
			2. Written policy disseminated through Administrative Memo.	09/03 07/04	10/03	<p>1st Quarter: Request Extension 07/04. Medicaid, Managed Care, and the HHS system are working to get final approval on the new Comprehensive Child and Adolescent evaluation. Managed Care is currently preparing to establish a preferred provider network of approved providers who would do the pretreatment evaluations.</p> <p>4th Quarter: A training session regarding the protocol was delivered to all Protection and Safety Supervisors on October 07, 2003 at the Supervisor's Annual Conference. Supervisors received copies of the protocol for distribution to staff.</p> <p>Medicaid, Magellan, and Protection and Safety staff provided training to Protection and Safety and Resource Development administrators in October at the Supervisors' Conference, along with the expectation that they in turn would train staff.</p>
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and Medicaid.	11/03 07/04	10/03	<p>1st Quarter: Request Extension 07/04</p> <p>1st Quarter: Training curricula was developed in September 2003 by Margaret Bitz with HHS, Medicaid, and Managed Care staff</p>
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	12/03 07/04	10/03	<p>1st Quarter: Request Extension 07/04</p> <p>4th Quarter: A training session was delivered to all</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						Protection and Safety Supervisors on October 07, 2003 at the Supervisor's Annual Conference Medicaid, Magellan, and Protection and Safety staff provided training to Protection and Safety and Resource Development administrators in October at the Supervisors' Conference, along with the expectation that they in turn would train staff.
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03 07/04	10/03	1st Quarter: Request Extension 07/04 4th Quarter: Training sign in sheets obtained at the conference.
			6. Policy implemented statewide.	01/04 07/04	10/03	1st Quarter: Request Extension 07/04 4th Quarter: There was no necessary change in policy, but supervisors were trained on the protocol and trained their staff. The protocol was implemented in 10/03.
23.3. Train all PS staff on accessing Medicaid mental health and substance abuse services.	Margaret Bitz	Item 23. Mental health of child (23.3)	1. Training developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	01/04	09/03	1st Quarter: Training curricula was developed in September 2003 by Margaret Bitz with HHS, Medicaid, and Managed Care staff.
			2. Training conducted by the Office of Protection and Safety in collaboration with Nebraska Medicaid and Magellan Managed Care on accessing Medicaid mental health and substance abuse services.	06/04	10/03	1st Quarter: A training session was delivered to all Protection and Safety Supervisors on October 07, 2003 at the Supervisor's Annual Conference Medicaid, Magellan, and Protection and Safety staff provided training to Protection and Safety and Resource Development administrators in October at the Supervisors' Conference, along with the expectation that they in turn would train staff.
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	06/04	10/03	1st Quarter: Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

Systemic Factors

Item 24: State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. (State and County Agency Staff)

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
24.1 YRTC staff will have access to N-FOCUS for integrating service provision effectively with SA field staff	Sherri Haber	NFP	1. Based on the findings of the Citrix testing, assess the feasibility of YRTC staff having continued access to N-FOCUS using the Citrix server	6/1/02		3rd Quarter: Extension to 7/05. Decision has been made to give the YRTC's access to N-FOCUS via Citrix Server or other server. But they will have access and YRTC functionality in the future.
			2. Assess the need for additional equipment to support N-FOCUS access using the Citrix server	6/1/02		3rd Quarter: Extension to 7/05. This has been assessed. Equipment needs have been identified by IS&T
			3. Train YRTC staff on use of N-FOCUS	Year 2		3rd Quarter: Extension to 7/05. Support staff have currently been trained on functionality pertinent to them reviewing and accessing until YRTC functionality is added to N-FOCUS
			4. Disengage from current juvenile database	6/30/04		3rd Quarter: Extension to 7/05.
24.2 To clarify expectations regarding data entry and its use in effective case management.	Sherri Haber		1. Develop and distribute Guidebook regarding data expectations	6/30/03		
24.3 To reduce time spent entering information into N-FOCUS to allow P&S staff to increase time with children and families	PSA's IS&T Staff, Resource Support Staff	NFP	1. Time studies related to N-FOCUS will be conducted in each Service Area	3/1/02	Completed	
24.4 To increase the	Business	NFP	1. Develop and disseminate to Service	Year 2	Completed	

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
entry and accuracy of data into N-FOCUS	Analysts and SA's		Areas, reports of specific worker errors or omissions of mandatory data elements	9/1/02	ed	
			2. Performance standards will be set, tracked and monitored quarterly	3/1/03		
24.5 To increase P&S Business Analyst staffing to adequately support the work in the field and Division. (Four Business Analysts support approximately 400 P&S staff)	Sherri Haber	NFP	1. Business Analysts will conduct a time study	12/1/01 Year 3 10-31-04		
			2. Formalize request and deliver to HHS Director to increase P&S Business Analyst staff	2/1/02 Year 3 10-31-04		
24.6 Conclude work and implement recommendations of Narrative and Non-narrative Work Teams	Sherri Haber	NFP	1. Recommendations need to be formalized by the work team	9/1/01	01/2002	3rd Quarter – Recommendations were formally accepted by the PS Administrator, who recommended immediate implementation.
			2. Recommendations need to be implemented	3/1/02 11/15/02	12/02	Recommendations implemented
			3. All changes to narrative and non-narrative are implemented	Year 2 4/1/03	05/03	All recommendations implemented.
24.7 Promote important collaborations by sharing and using Protection and Safety system data internally	Sherri Haber	NFP	<u>1. Identify data to post to web site</u>	10/1/02	12/02	At this time data and information related to annual reports and performance planning will be posted to the web site.
			<u>2. Post data</u>	11/1/02	12/02	Data is posted and updated.
24.8 To realize the full potential of Crystal Reports	Sherri Haber	NFP	1. Begin to store Crystal reports so that the queries and procedures can be reused	8/1/01	Completed	
			2. Provide access to the Crystal tool within the Protection and Safety Division	1/1/02 1/1/03	06/02	A Business Analyst was given access to Crystal for reporting purposes
24.9 To expand the Help Desk staff's knowledge	Sherri Haber	NFP	1. Analyze training needs	Year 2 6/30/03	07/02	Help Desk staff PS training needs were identified.

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
of N-FOCUS/CWIS						
			2. Develop training plan	Year 3	08/02	Help Desk staff were and continue to receive training by PS Business Analyst staff on issues related to child welfare. Staff previously employed as PS Workers have been hired to lessen the need for up front training
			3. Implement training	Year 3	08/02	Ongoing training is in place.
24.10 To ensure that P&S staff have up-to-date equipment and software.	Sherri Haber	NFP	1. Assess current Protection and Safety equipment and software capacity	Year 3 6/1/03	11/03	IS&T has identified the needs of our agency for basic equipment. Individual staff needs for software packages are being continually assessed.
			2. Develop a plan for replacement equipment and software	Year 3	11/03	This is a responsibility of IS&T. The plan is to replace 25% of the equipment every year.
			3. Begin implementation	Year 4	02/04	Updating staff equipment has begun.

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Goal: All children will have written case plans that ensure the participation of the child, if old enough, and the child's parent(s).

Method of Measuring Improvement: Interim: Nebraska CFSR

Action Steps and Benchmarks are included in other items.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Goal: Termination of Parental Rights will be filed in accordance with ASFA requirements.

Method of Measuring Improvement: N-FOCUS

Action Steps and Benchmarks are included in other items.

Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Goal Negotiated Measure; % of Improvement: All relevant parties will be notified and provided the opportunity to be heard in any hearing related to the child.

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
29.1. Strengthen policy and practice regarding the procedures for notifying the court of who is relevant to a particular case and need to be invited to future court proceedings	Chris Hanus	Item 29- Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have	1. Policy developed in collaboration with the CIP on procedures for notifying the court of who to invite to court proceedings.	03/04 07/04		<p>3rd Quarter: Extension Request to 7/04. Completion delayed due to prioritization of Intake and Performance Accountability.</p> <p>4th Quarter: Extension requested to 09/04. Upon further review this action step needs to coincide with strengthening the case planning policy which is to be completed September 2004. Refer to 17.1.1</p>

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		opportunity to be heard in any review or hearing (29.1)				
			2. Policy disseminated by Administrative Memo.	04/04 07/04		3rd Quarter: Extension Request to 7/04. Completion delayed due to prioritization of Intake and Performance Accountability. 4th Quarter: Extension requested to 12/04. Upon further review this action step needs to coincide with disseminating the case planning policy. Refer to 17.1.5
			3. Letter written and disseminated to the courts in collaboration with the CIP reminding them of their responsibility to invite relevant people to hearings.	04/04 07/04		3rd Quarter: Extension Request to 7/04. Completion delayed due to prioritization of Intake and Performance Accountability. 4th Quarter: Extension requested to 12/04. Upon further review this action step needs to coincide with disseminating the case planning policy.
29.2. Develop a design to integrate the Foster Care Review Board Information System with N-FOCUS in order to eliminate discrepancies between the N-FOCUS system and the FCRB information system.	Sherri Haber	<i>Item 25.</i> Provides a process to ensure that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions. (25.8) <i>Item 29-</i> Process for foster parents, pre-adoptive parents and relative caregivers to be	1. Agreement made with Foster Care Review Board to incorporate the Review Board's system needs into N-FOCUS.	12/03	07/03	1st Quarter: July 18, 2003 a verbal agreement with the Foster Care Review Board was given to incorporate the Review Board system needs into N-FOCUS. It was decided that a Steering Committee would be chartered to ensure the completion of the Foster Care Review Boards system development. November 14, 2003 the first Steering Committee Meeting was held. A Charter was developed and approved to build a Foster Care Review Board system into N-FOCUS. The steering committee also established a subcommittee to actually develop design and implement the integration. 2nd Quarter: The Steering Committee continues to meet monthly to oversee that the work of the subcommittee continues and remains on track. The subcommittee has completed the following: <ul style="list-style-type: none"> 12/12/03 The SACWIS Compliance Work team met for the first time. The Work team spent time talking about the design of the system and the steps to take in an effort like this. There was discussion about the level

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		notified and have opportunity to be heard in any review or hearing (29.2)				<p>of participation needed on both the FCRB and N-FOCUS side-FOCUS Project Manager provided the Work team examples of the level of detail that went into putting Developmental Disabilities into N-FOCUS. FCRB provided the "Capabilities of the Foster Care Review Board's Independent Tracking System" to provide a basis for understanding the FCRB business and needs. HHSS has assigned two individuals who will work exclusively on this project. They are from IS&T and from Protection and Safety Operations Team. Technical leads for this project are from N-FOCUS Applications Development. Before the next Work team Meeting HHS staff will visit the FCRB and have a step by step walk through of the current system, review the current processes and go through the case file procedure, start to finish. The Work team agreed to begin meetings after the holiday season. The next meeting is scheduled for January 9. The meeting schedule agreed to, because of FCRB time and resource restraints will be every Friday for 3-4 hours. The goal of the Work team during these 3-4 work sessions will be to have an action plan to present to the ACF Federal Representatives during their May visit.</p> <ul style="list-style-type: none"> ▪ 01/07/04 HHSS came to the FCRB office for a tour of all the procedures; tools and processes used by the FCRB staff. ▪ 01/09/04 At this meeting the FCRB talked about what the Board is, what they do, the mission statement, agency configuration, the Boards, the volunteers and what they do versus what the staff does. They provided in detail the business of the FCRB. It is the statutory responsibility of the FCRB to track the children. A notebook will be created that will include examples of the screens used, what the information looks like when it is received, and other pieces of information that will be helpful to convey what the needs of the FCRB will be and how the system should be organized. The goal is to have this notebook completed prior to the next Work team meeting. The team feels that it is still too early for any design effort and that the focus is still on research and analysis.

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
						FCRB is going to do some early data mapping that shows common fields and what they mean. As the Work team gets through the data mapping the conversion and implementation plan will start to take shape. The HHSS side will bring additional people to the next meeting to assist in this process.
			2. Design document developed	06/04	05/04	<p>1st Quarter: The SACWIS Compliance Work Team is scheduled to hold its first meeting on 12/12/03.</p> <p>4th Quarter: The Work Plan has been developed and agreed upon by the Steering Committee. The Steering Committee will continue to meet monthly to monitor the progress of the plan, to decide on any problematic issues and to ensure timely implementation. It should be noted that HHSS had an On-site SACWIS review in May 2004. The final report stated that the ACF would 'approve' the plan predicated on State assurances that HHS and FCRB are committed to the plan and we are subject to reversal if the plan is not carried through.</p>

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Goal: The State of Nebraska will use standards to ensure that children in foster care are provided with quality services that protect the safety and health

Method of Measuring Improvement: Progress of benchmarks in written Quality Assurance Plan.

Action Steps and Benchmarks are included in other items.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Goal: The State of Nebraska will operate an identifiable quality assurance system.

Method of Measuring Improvement: Progress of benchmarks in written Quality Assurance Plan.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
31.1. Develop a framework for Quality Assurance (QA) in collaboration with the NRC for Organizational Improvement and field staff.	Sherri Haber	Item 31. Operating an identifiable quality assurance system. (31.1)	1. Technical Assistance requested.	09/02	09/02	1st Quarter: Formal request for Technical Assistance through the Regional Office was completed 12/02. Peter Watson informally provided TA starting 09/02 and continuously since that time.
			2. QA framework developed in	10/02	12/02	1st Quarter: In July 2002, the Office of Protection and

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			collaboration with the NRC for Organizational Improvement.		Date Director Approved	<p>Safety's Management Team chartered a time-limited team with the purpose of developing a statewide Quality Assurance Implementation Plan for Protection and Safety. Team members consisted of select field staff, supervisors, managers and central office staff.</p> <p>On 10/01/02 this chartered team participated in a teleconference titled A Framework for Quality Assurance presented by Peter Watson and Mary O'Brien both from the National Child Welfare Resource Center for Organizational Improvement.</p> <p>On 10/08/02 the chartered team met to develop a framework and implementation plan for Quality Assurance. The framework was agreed upon by the team. We also incorporated components of what we want in a QA system and gave out assignments to gather additional information.</p> <p>On 10/09/02 a formal request to the ACF Regional office was made requesting technical assistance from Peter Watson of the NCWRC for Organizational Improvement.</p> <p>On 10/29/02 the chartered team met again to review the 'draft' QA plan which was developed based on the input from the 10/08 meeting as well as subsequent information shared with team members. The group updated the plan and asked that it be sent out to key stakeholders for any needed clarification prior to the plan being finalized for submission to the Protection & Safety Management Team.</p> <p>In November 2002 the 'draft' plan was shared with the Statewide Advisory Team and the Protection & Safety Management Team.</p> <p>In December 2002 the Director of HHSS approved the QA Implementation Plan.</p>
			3. Framework identifies components of Quality Assurance System.	10/02	12/02	1st Quarter: The framework developed in the QA Implementation Plan, approved in December 2002, includes components of a Quality Assurance System. The components are also identified within the Program Improvement Plan.
			4. QA Structure and staffing are in place including staffing.	12/03 02/04 6/04		1st Quarter: Extension requested to 02/04. An extension request is being made, as the Office of Protection & Safety did not receive approval to create the QA Unit Manager positions until the end of October and as of 11-19-03

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>Human Resources has not yet advertised the positions. We are requesting an extension until 01-31-04. If the jobs are advertised the week of 11-25-03, the request for applications will close on 12-09-03. Applications will be received by the division by 12-12-03. By the time interviews are scheduled, interviews conducted, the holidays and background checks are completed it will be at least the end of December or first part of January before the positions are hired. New hires will need to give notice and some will not be able to start until the end of January 2004. Another possible delay is that there are 3 positions in different areas of the state and each area is hiring their own QA Unit Manager. This process could take much longer than having one group complete all interviews and selecting staff based on the one interview.</p> <p>04-17-03 Meeting was held with the Office of Protection & Safety Administrator, the Deputy Administrator of Operations for the Office of Protection & Safety and a Resource Development Administrator from the field to draft a proposed organizational structure for Quality Assurance to be approved by HHSS Administration.</p> <p>07/18/03 received approval from HHSS Administration to hire Quality Assurance Staff.</p> <p>07/29/03 State Personnel approved a request to create the QA Administrator Position.</p> <p>07/31/03 Job Order document was sent to Human Resources.</p> <p>07-31-03 Request from HHSS Administration for a copy of the Organizational Structure was requested & sent.</p> <p>08-10-03 QA Administrator job was advertised.</p> <p>08-12-03 QA Unit Manager request for positions was put on hold by the HHSS Director. HHSS Administration was reviewing the proposed organizational structure.</p> <p>08-27-03 Screening tool and interview questions for the QA Administrator job was sent to Human Resources for approval.</p> <p>08-28-03 Approval for hiring the QA Administrator was given by the Deputy Administrator.</p> <p>08-28-03 Job applications for the QA Administrator job were received by the Office of Protection & Safety.</p> <p>09-05-03 QA Administrator job applications were screened.</p> <p>09-19-03 Interviews for the QA Administrator job were</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>scheduled.</p> <p>10-01-03 QA Administrator was hired.</p> <p>10-06-03 QA Administrator started his first day on the job.</p> <p>10-06-03 Received approval to hire QA Unit Managers</p> <p>10-20-03 Met with human resources and state personnel to get the new QA Unit Manager Positions approved.</p> <p>10-24-03 Received approval from state personnel that the positions are approved and we can begin the hiring process of the QA Unit Managers.</p> <p>10-28-03 Developed and documented a collaborative hiring process for the new QA Managers integrating (a) CEO decision making, (b) QA Administrator guidance and coordination, and (c) HR guidance and operational actions</p> <p>10-28-03 Submitted draft documents regarding QA Manager positions to Service Area CEOs (draft summary of QA functions, draft job description, job order document).</p> <p>11-06-03 With facilitation by the new QA Administrator, Service Area CEOs developed their long-term vision of Service Area QA function and structure.</p> <p>11-06-03 After review of six documents (including the September, 2003 document prepared by the PSAs and RDAs), the QA Administrator and CEOs developed a list of Service Area QA Manager responsibilities and required aptitudes.</p> <p>11-10-03 QA Administrator and CEOs drafted advertisement based on responsibilities and aptitudes.</p> <p>11-18-03 HR (with involvement from QA Administrator) revised advertisement text and developed recruitment plan</p> <p>11-23-03 Advertisement published</p> <p>The QA Administrator is responsible for continuing to coordinate and collaborate with the CEOs and their staffs to achieve the PIP milestone "QA Structure and staffing are in place." This effort will include at least the following steps, focused on hiring and integrating the efforts of the three new QA Managers:</p> <ul style="list-style-type: none"> · Develop screening tool · Develop interview tool · Develop detailed plan for QA Mgr startup in Svc Areas · Develop orientation/training/team building seminar for new QA Mgrs. · Screen applications

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<ul style="list-style-type: none"> · Interview applicants · Hire (target date: 01-31-04) · Orientation/training/team building for the new QA managers · Service Area Analysis and Planning for Quality Assurance · Service Area QA implementation <p>2nd Quarter: Request extension to 06/04, to allow for possibility of re-advertising the position, if necessary. The following steps have been accomplished regarding the hiring of the three QA Managers:</p> <ul style="list-style-type: none"> · Develop screening tool · Develop interview tool · Begin screening applications
31.2. Identify or develop practice standards.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.2)	1. Review policies and administrative memo's to identify practice standards	06/04	06/04	4th Quarter: The Governor's Office asked Dr. Joanne Schaefer to develop an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Dr. Schaefer presented the plan and within the scope of the plan worker performance measurements were recommended. Administrative staff met and reviewed Dr. Schaefer's recommendations, the CFSR, the PIP and the Nebraska Family Portrait. Based on that review, performance measurements were established that ranged from Intake to Adoption. These measures were adopted and began on July 1, 2004 for the Western, Central and Northern areas of Nebraska. Implementation for the Eastern and Southeast areas of Nebraska will begin October 1, 2004
			2. Develop other practice standards as indicated.	06/04	06/04	4th Quarter: After 6 months of using a QA Tool for the ICCU's we have updated the tool for the September 2004 reviews. The QA reviewers will be trained on the changes on September 17 th via video conference.
			3. Communicate practice standards to staff and providers.	06/04	06/04	4th Quarter: The accountability plan went into effect on June 1, 2004. It was presented to the Supervisor's at a Conference and then they took it back to their staff. The staff also had access to our Website, which has a rolling video of the Director and her expectations of the plan as well as the actual plan.
31.3. Compile and review data resulting	Quality Assurance	Item 31. Operating an	1. Identify monitoring activities.	06/04 08/04	06/04	3rd Quarter: Extension requested to 8/04. The QA Administrator for Nebraska was let go in approximately late

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
from monitoring activities to identify non-conformity with practice standards.	Administrator	identifiable quality assurance system (31.3)				<p>February 2004. In January 2004, HHS Services Director Ron Ross left the department. In March 2004, a new HHS Director, Nancy Montanez was appointed by the Governor. Ms. Montanez had some ideas for improvements to the QA system that was being designed. In addition, Protection and Safety had a change in their administrator in May 2004 as Todd Reckling accepted the appointed position. Todd is currently in the process of hiring for the QA Administrator. Todd has been doing interviews over the course of the last three weeks (June 2004) and is close to getting the position filled. The QA Administrator will also have between 5-7 QA Coordinators that report directly to him/her. The QA Coordinators will be located in the service areas, but report to the Central Office QA Administrator. The coordinator positions have been advertised over the past several months and there has been an overwhelming response to the position. One of the very first tasks of the QA Administrator will be to hire the QA Coordinators and get the NE "QA System" developed, implemented and operating effectively. Despite not having a QA Administrator, NE has made strides in some quality assurance initiatives. A case review of a random sample of 2002 and 2003 Intake reports from the Omaha Offices (largest metropolitan area) was conducted in January-February 2004. Additionally, in March 2004 the Integrated Care Coordination Units (ICCU's) all agreed upon a case review tool which incorporates almost all of the CFSR items, with a few additional items specific to the needs of Nebraska. The tool has been used with a few children and each child that is placed through the ICCU will have a case review using the tool every 6 months. Finally, as part of the HHS Accountability Plan, the supervisors will act as a first level, quality assurance check for the state. The supervisors were trained on expectations for supervisors and workers at the June 15-16, 2004 training conference. They will be reviewing cases for compliance with policy, procedures, and practice, as well as the quality of the work being done. The outcome areas that are being reviewed by the supervisors are also being reviewed by the service area administration and central office administration- thus a "system" of accountability and quality.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>4th Quarter: With the new accountability process, each Supervisor and worker will receive individualized quarterly data on the performance measures that have been set forth. The first round of data should be available in September 2004. In the ICCU's we have had 6 months worth of collecting data on over 600 youth. This data is being analyzed at this time.</p> <p>We have advertised the 8 QA Unit Coordinator positions and will be re-advertising this as a pay grade 14. We have had over 800 applications for these positions to date. We hope to start interviewing in early October. These positions will take on a function of reviewing for QA of on-going cases, intake, and initial assessments. The tool for the on-going tool is complete as well as the process for accomplishing the task. We still need to work on the Intake and IA tool and process.</p>
			2. Gather & analyze reports.	06/04 10/04		3rd Quarter: Extension requested to 10/04, to accommodate the internal changes within HHS, the Governor's initiatives resulting from the Children's Task Force, and the hiring of the new QA Administrator and QA Coordinators.
			3. Distribute reports.	06/04 10/04		3rd Quarter: Extension requested to 10/04, to accommodate the internal changes within HHS, the Governor's initiatives resulting from the Children's Task Force, and the hiring of the new QA Administrator and QA Coordinators.
31.4. Access monitoring tools necessary to conduct QA activities.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.4)	1. Request SPSS software purchase through Information Systems and Technology [IS&T]	10/02	08/03	1st Quarter: 08-20-03 SPSS request made to IS&T.
			2. Software is purchased by IS&T.	08/03	08/03	1st Quarter: 08-03 Software purchased.
			3. Software is installed by IS&T.	08/03	09/03	1st Quarter: 09-03 Software installed.
31.5. Develop and implement a NE CFS Review	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance	1. Design a NE CFS review process.	12/03 2/04 6/04 08/04	08/04	1st Quarter: Extension to 02-28-04 is being requested. The QA Administrator has just been assigned this task and the staff to help develop this project is not yet hired. The plan is to have them on board by 01-31-04.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		system (31.5)				<p>10-28-03 a high level design of what needs to be included in the Nebraska version of the CFSR was prepared. 11-14-03 New QA Administrator was assigned to work on this project.</p> <p>2nd Quarter: Extension requested to 06/04. The QA Administrator has been focusing his efforts and the efforts of available resources on three areas: (1) the process of hiring three QA Unit Managers (which is still in progress); and (2) assessment and revision of the intake system. The most pressing issue in the Nebraska system at this time is the intake system. The importance of making further improvements to the intake system is the highest priority, we decided to focus our efforts in the near term on intake system improvement. The intake system assessment includes an Omaha case read that has been an important prototype of significant elements of the CFSR.</p> <p>3rd Quarter: Extension requested to 8/04. The QA Administrator for Nebraska was let go in approximately late February 2004. In January 2004, HHS Services Director Ron Ross left the department. In March 2004, a new HHS Director, Nancy Montanez was appointed by the Governor. Ms. Montanez had some ideas for improvements to the QA system that was being designed. In addition, Protection and Safety had a change in their administrator in May 2004 as Todd Reckling accepted the appointed position. Todd is currently in the process of hiring for the QA Administrator. Todd has been doing interviews over the course of the last three weeks (June 2004) and is close to getting the position filled. The QA Administrator will also have between 5-7 QA Coordinators that report directly to him/her. The QA Coordinators will be located in the service areas, but report to the Central Office QA Administrator. The coordinator positions have been advertised over the past several months and there has been an overwhelming response to the position. One of the very first tasks of the QA Administrator will be to hire the QA Coordinators and get the NE "QA System" developed, implemented and operating effectively. Despite not having a QA Administrator, NE has made strides in some quality assurance initiatives. A case review of a random sample of</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>2002 and 2003 Intake reports from the Omaha Offices (largest metropolitan area) was conducted in January-February 2004. Additionally, in March 2004 the Integrated Care Coordination Units (ICCU's) all agreed upon a case review tool which incorporates almost all of the CFSR items, with a few additional items specific to the needs of Nebraska. The tool has been used with a few children and each child that is placed through the ICCU will have a case review using the tool every 6 months. Finally, as part of the HHS Accountability Plan, the supervisors will act as a first level, quality assurance check for the state. The supervisors were trained on expectations for supervisors and workers at the June 15-16, 2004 training conference. They will be reviewing cases for compliance with policy, procedures, and practice, as well as the quality of the work being done. The outcome areas that are being reviewed by the supervisors are also being reviewed by the service area administration and central office administration- thus a "system" of accountability and quality.</p> <p>4th Quarter: Nebraska will have two separate processes: The process in the ICCU includes reviewing every youth in the program every 6 months. The tool has been revised after the first 6 months of utilization. The tool has been sent to Mary McKee. The reviewers for this process include one State Representative, one Family Organization Representative, and a Region Representative. We will continue to review all youth for the first year. (March 2005). After each monthly review the data is given back to the Supervisor for their review.</p> <p>The Traditional Case Review Process will be implemented as soon as the QA Coordinators are hired. We have set the following process: Cases will be picked at random from Central Office. These cases will be opened and closed cases and they have to have been open for a 6 month period of time. There will be 15 cases pulled from the Central, Northern, and Western Service Areas. The Southeast Area will have 30 cases and the Eastern Area will have 45. Each team will have a minimum of 4 reviewers. Stakeholder interviews will be done on 10% of the cases each month in each Service Area. Systemic Interviews will occur once a</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						year in one designated office per Service Area. We will have a local QA team in each Service Area as well as a Statewide QA team for an over arching approach. The traditional case tool has been sent to Mary McKee.
			2. Identify participants in the NE CFSR.	06/04 8/04 10/04		2nd Quarter: Extension requested to 08/04, to accommodate the delay in designing the NE CFSR. 3rd Quarter: Extension requested to 10/04, to accommodate the internal changes within HHS, the Governor's initiatives resulting from the Children's Task Force, and the hiring of the new QA Administrator and QA Coordinators.
			3. Train participants on the NE CFSR process and procedures. The training will be conducted by the office of Protection and Safety	06/04 8/04 10/04		2nd Quarter: Extension requested to 08/04, to accommodate the delay in designing the NE CFSR. 3rd Quarter: Extension requested to 10/04, to accommodate the internal changes within HHS, the Governor's initiatives resulting from the Children's Task Force, and the hiring of the new QA Administrator and QA Coordinators.
			4. Implement NE CFSR pilot. Pilot sites will be determined based on a volunteer basis by service area.	09/04		
			5. Assess pilot for improvements in process.	09/04		
			6. Implement in non-pilot sites.	12/04		
31.6. Develop and implement Utilization Management of services to assure that children and families are receiving the appropriate level and intensity needed.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.6)	1. Analyze the Eastern Service Area's UM system to determine the effectiveness.	10/02 03/04 07/04	07/04	1st Quarter: Requesting extension of this action step & benchmark until 03/04. We believe that the Date Projected and the Actual date were entered by mistake. Since we do not yet have Quality Assurance staff on board we have been unable to proceed. 2nd Quarter: On 02/20/04 a formal request was made to each area of the state to submit their current UM practice and protocols to Central Office for review by 03/26/04. 3rd Quarter: Request extension to 7/04. Receipt of the UM Protocols for each area of the state has been received except for Eastern. A subsequent request was made on 05/14/04.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						4th Quarter: The UM Systems across the state have been analyzed. The results submitted to identified team members who will assist in development of the Statewide UM policy and procedures.
			2. Develop consistent statewide UM policy and procedures based on analysis (including roles, responsibilities, timeframes, etc.)	06/04 09/04		3rd Quarter: Request extension to 9/04. All UM practices have been received. An analysis needs to be completed and statewide meetings need to occur to develop the protocol. The protocol must meet the needs of the youth and families and must also be designed from a workload perspective. 4th Quarter: The statewide meeting is scheduled for September 8, 2004. The development of statewide UM protocol will be started at that time.
			3. Identify UM staff	12/04		
			4. Train UM staff. The Office of Protection and Safety will conduct training.	12/04		
			5. Implement UM statewide	06/05		
31.7. Develop and implement External Review Coordination System to assure findings are analyzed and considered for possible corrective action.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.7)	1. Develop protocol to evaluate external review findings for possible corrective action.	06/04	06/04	4th Quarter: Extension requested to 11/04 to accommodate the delay in developing a protocol to evaluate the external review findings. We have put into place a QA Specialist that will track communication from stakeholders (families served, the public, etc.) with questions, suggestions and complaints about services. This person was put in place on July 12, 2004. We have 50 communication tracked thus far.
			2. Identify staff responsible for evaluations and facilitation of corrective action plans.	06/04	06/04	4th Quarter: Extension request to 11/04 to follow 31.7.1
			3. Train staff responsible for coordination. The Office of Protection and Safety will conduct training.	06/04	06/04	4th Quarter: Extension request to 11/04 to follow 31.7.1
			4. Implement External Review	06/04	06/04	4th Quarter: Extension request to 11/04 to follow 31.7.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			Coordination System.			
31.8. Develop protocol for use of surveys to improve outcomes and services for children and families.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.8)	1. Survey instruments gathered.	06/04	06/04	4th Quarter: We have gathered customer satisfaction survey's from each of the Behavioral Health Region's as well as had a survey developed by Gallup. Our next step is to analyze each of these and determine what we will use on a statewide basis (including ICCU) so that families are not receiving numerous surveys. Our goal is for workers to get formal feedback from our customers. This survey will go to every family involved with the child receiving HHS Services.
			2. Review and analysis completed of gathered surveys.	12/04		
			3. Protocol developed including the use of surveys, the analysis and dissemination of findings, and the development of corrective action for improvement.	06/05		
31.9. Develop and implement Provider Performance Accountability	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.9)	1. In collaboration with NRC on Organizational Improvement, develop consistent statewide Provider Performance Accountability system.	12/03 12/04		1st Quarter: Request an extension to 12/04. We believe that the year was entered in error. We made a conscious effort to make sure that we dealt with staff performance prior to dealing with provider performance.
			2. Develop performance standards for each contracted service.	06/04 06/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			3. Revise contracts to incorporate performance accountability standards and requirements for corrective action when standards are not met.	06/04 06/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			4. Train staff on the contract language regarding performance standards. The Office of Protection and Safety will conduct training.	06/04 06/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			5. Train providers on the contract language regarding the expectations of performance standards.	06/04 06/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extinctions.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Monitor contracts for compliance.	07/04 07/05		1st Quarter: Request an extension to 07/05 as this ties in with prior tasks where we are requesting extinctions.
31.10. Develop a staff performance accountability system.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.10)	1. In collaboration with HHS Human Resources, develop statewide staff performance practice standards.	06/04	07/04	4th Quarter: The Governor's Office asked Dr. Joanne Schaefer to develop an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Dr. Schaefer presented the plan and within the scope of the plan worker performance measurements were recommended. Administrative staff met and reviewed Dr. Schaefer's recommendations, the CFSR, the PIP and the Nebraska Family Portrait. Based on that review, performance measurements were established that ranged from Intake to Adoption. These measures were adopted and began on July 1, 2004 for the Western, Central and Northern areas of Nebraska. Implementation for the Eastern and Southeast areas of Nebraska will begin October 1, 2004.
			2. Communicate with staff the process and expectations of the performance accountability system.	12/04	06/04	4th Quarter: The accountability plan went into effect on June 1 st . It was presented to the Supervisor's at a Conference and then they took it back to their staff. The staff also had access to our Website, which has a rolling video of the Director and her expectations of the plan as well as the actual plan.
			3. Train supervisors on staff performance accountability. Managers and Human Resources will conduct training.	12/04	06/04	4th Quarter: In June a Supervisors Conference was held and Pat Trainer from Human Resources gave a presentation to the Supervisors on their Performance Expectations. Supervisors were told that they would meet data outcomes for their unit, which parallel outcomes defined for workers in their unit. This includes reviewing quarterly outcomes, review monthly data reports, meet regularly with workers to review outcomes, make necessary adjustments, improvements, or corrective action plans with the workers, and communicate outcomes with their administration.,
			4. Develop and implement standardized supervisor oversight process to monitor compliance with performance accountability standards. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03 12/04	06/04	4th Quarter: In June a Supervisors Conference was held and Pat Trainer from Human Resources gave a presentation to the Supervisors on their Performance Expectations. Supervisors were told that they would meet data outcomes for their unit, which parallel outcomes defined for workers in their unit. This includes reviewing quarterly outcomes, review monthly data reports, meet regularly with workers to review outcomes, make necessary adjustments, improvements, or corrective action plans with the workers,

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						and communicate outcomes with their administration.,
			5. Implement staff performance accountability system	12/04	06/04	4th Quarter: Staff Accountability was implemented on 6/0104 as well as Supervisor Accountability.
31.11. Develop and implement a corrective action plan and format.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.11)	1. Define corrective action plan components including areas of identified practice standards, format, timeframes, etc.	09/03	11/03	1st Quarter: In 11/03 a variety of sample corrective action plans were reviewed by Protection and Safety Administrators and Supervisors. It was decided that the corrective action plan format will have the same components of the Program Improvement Plan which include: The goal, evaluation method, baseline, targeted improvement, action steps, lead responsibility, benchmarks, date projected and actual and a progress report.
			2. Implement corrective action plan protocol when the need is identified.	06/04 and ongoing	06/04	4th Quarter: Corrective Action or Improvement Plans have been requested and received for various areas needing improvement. This practice will continue on an on-going basis.
31.12. Develop and implement a supervisory oversight system.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.12)	1. Define supervisory oversight components including areas of identified practice standards, format, timeframes, etc.	09/03 5/04	5/04	1st Quarter: Requesting an extension until 05/04. QA staff has not yet been hired. These functions have changed and/or need to be re-evaluated on an ongoing basis when new tools or procedures are put into place. 3rd Quarter: A new performance measurement system has been developed to bolster the level of accountability among child protection workers and supervisors at the Department of Health and Human Services (HHS). The accountability plan includes four focus areas including specific performance measures, customer satisfaction assessment, revamped worker training curriculum centered on field experience and mentoring, and restructured training for supervisors to increase mentoring efforts and implement performance measures. A conference is being held on June 15 th and 16 th , 2004 to train supervisors
			2. Implement corrective action plan protocol when the need is identified.	12/03 and ongoing	06/04	4th Quarter: Corrective Action or Improvement Plans have been requested and received for various areas needing improvement. This practice will continue on an on-going basis.
31.13 To manage the Nebraska Family Portrait through evaluation that is supported by data	IH Team OH Team IS&T	NFP	1. Determine what data and reports are essential to NFP and the CFS Review and revise accordingly	11/1/01	Completed	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Construct N-FOCUS priority timeline in accordance with NFP & CFSR needs	1/1/02	Completed	

Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who delivers these services. (State and County Agency Staff, Courts, Service Providers, Tribal Representatives, Local External Stakeholders)

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
32.1 Pre-Service Training will be enhanced to better prepare PSW's to work in a family-centered and effective manner using best practices	HRD	NFP	1. Research use of IV-E match funds for tuition stipends upon signed contract that student will commit to working in P&S	6/30/04		

Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Goal: All Protection and Safety staff will be required to obtain 24 hours of training annually that assures professional growth and skills development.

Method of Measuring Improvement: Review of Training Records

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
33.1. Develop and implement a system to track and monitor the ongoing training of staff	Sherri Haber	Item 33. Provides for ongoing training for staff. (33.1)	1. In collaboration with CCFL, develop a tracking system for staff training	10/01	10/01	1st Quarter: The Center for Children Family & the Law (CCFL) has a computer program in place which tracks staff training. If CCFL or the State provides the training, they automatically take the sign in sheets and enter staff's participation in training. If a training is attended not sponsored by CCFL or the State then it is the responsibility of the staff supervisor to submit a copy of the agenda and supervisory approval of attendance to CCFL for tracking purposes.
			2. Generate reports quarterly that identify training completed by staff.	10/01	10/01	1st Quarter: CCFL generates quarterly reports to every supervisor identifying the staff name, class name, date of training, # hours, and total hours for the CY.
			3. Distribute reports to PS supervisors and managers for continued review of individual staff development plans.	10/01	10/01	1st Quarter: CCFL and HHSS Training Unit send these reports to supervisors and managers for continued monitoring.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
33.2. Issue communication to PS staff emphasizing ongoing training requirement, how to access training opportunities, how to track training hours, protocols for approval of training offered outside the scope of the CCFL contract	Sherri Haber	Item 31. Operating an identifiable quality assurance system (33.2)	1. Communication developed and distributed	12/03	01/04	2nd Quarter: 01/21/04 a formal notification went to the field via e-mail describing the ongoing training requirements, accessing training opportunities and tracking training hours. The communication also outlined protocols for approval of training outside the scope of CCFL.
	NFP Mgmt Team	NFP	2. Establish minimum mandatory in-service training hours for all P&S staff (all PS staff in the SA's and Division)	7/25/01	Completed	
			3. Track the training hours and provide quarterly reports to PSA's, Facility Administrators and P&S Co-Administrator's	8/1/01	Completed	
			4. Develop yearly calendars of training to be provided by contractor	7/1/01	Completed	
			5. Using the CWLA Diversity Evaluation Tool, all P&S staff in the Service Areas and Central Office will have access on-line to complete the Valuing Diversity and Service Delivery components as it relates to cultural competency	6-30-04		
			6. Implement the CWLA Diversity Evaluation tool.	6-30-04		
33.3 Develop adequate P&S Supervisor training	HRD and IS&T	NFP	1. Consistent Supervisor Training content is developed and agreed upon	Year 3 6/04		
			2. All supervisors go through training that includes general managerial P&S skill building	Year 3 6/04		
			3. Supervisors will be supported through training's and retreats,	On-going	Completed	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			meetings for consultation			
			4. Review the Muskie Supervisory training re: information systems and implement usage's or develop our own. Work with P&S on content to highlight.	10/1/01	Completed	
			5. Implement supervisory based computer training and train supervisors to excel in the use of the computer system	Year 2 6/04		
			6. Managerial reports identified and generated with videoconference training conducted for Service Area Administrators, Protection & Safety Administrators, and Resource Development Administrators	11/1/01	Completed	
33.4 Train staff in contract management		NFP	1. Develop contract management training, explore involvement of National Resource Centers	Year 3 6/05		
			2. Provide contract management training for service area and P&S Division staff	Year 4 6/05		
33.5 To ensure the current work force is culturally competent to serve the diversity of the population we serve.	Al Jensen	NFP	1. Arrange for the Office of Civil Rights (K.C Federal) to present information to SAA's, PSA's, YRTC Administrators, and P&S Management Team on federal requirements regarding the provision of services to limited English proficiency customers	12/1/01		
			2. Assess SA, YRTC, and P&S CO Division workforce and compare to customer diversity to determine what is needed to staff to reflect the customer base	4/1/03		
			3. SA, YRTC's, and CO will devise plans to recruit, train and hire racial/ethnic/cultural and linguistically appropriate staff to reflect the customers served by P&S	6/1/03		
			4. Implement plans	Year 3		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Evaluate staff diversity compared to customers served.	Year 4		

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Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. (State and County Agency Staff, Foster and Pre-Adoptive Parents, Local External Stakeholders)

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
34.1 Foster Parent Pre-Service training curriculum will be enhanced to meet the needs of Nebraska's Foster Parents	Resource Support Team RDA's	NFP	1. Nebraska will implement the PRIDE foster parent pre-service training curriculum previously purchased through the Child Welfare League of America		Completed	
			2. Contact made with CWLA and Train the Trainer dates are established	8/15/01	Completed	
			3. Service Area determines who will participate in the training sessions that will then serve as trainers	10/8/01	Completed	
			4. Training Sessions are held	3/15/02	Completed	
			5. PRIDE pre-service curriculum is implemented	4/15/02	Completed	

Item 35: Array of services are in place

Goal: Nebraska will increase the array of service in pilot areas of the state.

Method of Measuring Improvement: Nebraska CFSR

Action Steps and Benchmarks are included in other items.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
35.1 To analyze and target resources that will meet the mental health	OH Team	NFP	Revise PIT questions/format based on input from SA's and place on-line	10/1/01	Completed	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
and substance abuse needs of state wards through the point prevalence or "Point in Time" (PIT) survey						
			Conduct annual PIT survey	11/30/01	Completed	
			Analyze information annually in comparison to the statewide baseline established 11/30/00	3/1/02	Completed	
			Place PIT on Lotus Notes annually	Yearly basis	Completed	

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Goal: Nebraska will increase the accessibility of services in pilot areas of the state.

Method of Measuring Improvement: Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
36.1. Partner with the Nebraska Public Health Improvement Initiative to expand health and dental services for state wards	Sherri Haber and Terri Farrell	Item 36. Services accessible in all political jurisdictions. (36.1)	1. Collaborate with NE Public Health to identify areas of the state having difficulty obtaining health and dental services for state wards	06/04	06/04	2nd Quarter – The Charter authorizing this group to meet and work on the objectives was signed on 02/10/04. The first meeting of this group will be scheduled in March. 4th Quarter: The NE Public Health Improvement Plan identified the gaps in health and dental services in the state and they are in the process of updating their report. Also, the service array pilots occurring in West Point and Gering/Scottsbluff are working on the development of a service provision plan for their communities which also impacts the progress of this benchmark.
			2. Communicate gaps in health and dental services for state wards to local health Departments	12/04		
			3. Collaborate with NE Public Health and NE Medicaid to assist with locating and securing health and dental services for state wards statewide.	06/05		

Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency

Goal: Nebraska will individualize services to meet the unique needs of children and families served by the agency

Method of Measuring Improvement: Nebraska CFSR

Action Steps and Benchmarks are included in other items.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Goal: All foster and adoptive parents shall have a completed and clear FBI check prior to licensure or placement.

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
43.1. Develop policy that requires all licensed and approved foster parents to be fingerprinted for criminal background checks	Margaret Bitz	Item 43. State complies with criminal background clearances. (43.1)	1. Policy developed by HHSS.	10/02	10/02	1st Quarter: Licensing regulations requiring National Criminal History Checks became effective late in 2002. Because of the complexity and detail needed to establish processes with the NE State Patrol, train staff in doing fingerprints, purchasing equipment, etc., actual implementation didn't begin until January, 2003. As of 1/15/03, no license can be issued unless the required checks have been completed. For a period of approximately 3 months in the Fall of 2003, it was not possible to complete National Checks, because of FBI regulations and statutes. The problems were worked out, and National Checks began again in 11/03. Legislation will be introduced in the 2004 Unicameral to require National Checks. Having this legislation will assure that NE will remain eligible to conduct the National Checks in the future. 2nd Quarter: Legislation has been introduced as a part of the HHS "clean-up" bill, LB 1005.
			2. Training developed by HHS Staff.	01/03	01/03	1st Quarter: Training on the process from completing the fingerprinting process was developed by HHSS.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	01/03	01/03	1st Quarter: Training has been provided to staff statewide. In addition, training on rolling fingerprints has been and continues to be provided by the NE State Patrol, to appropriate staff, as needed.
			4. Written policy disseminated through Administrative Memo.	01/03	01/03	1st Quarter: Administrative Memo was distributed to the Field in 12/02, requiring implementation to begin on 1/15/03.
			5. Policy implemented statewide.	01/03	01/03	1st Quarter: Implemented 1/15/03.
43.2. Develop and	Margaret Bitz	Item 43. State	1. Identify methods to assure checks	12/03	5/04	1st Quarter: Request extension to 1/04. Checklist used

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
implement a method for assuring compliance with required criminal background check policy prior to licensure or approval.		complies with criminal background clearances. (43.2)	are completed prior to licensure or approval of a home.	1/04 4/04		by Licensing staff has been revised to specifically include criminal history checks and will be ready for distribution in December or January. 2nd Quarter: Request extension to 4/04 as more time is needed to complete. IS&T staff have developed changes to N-FOCUS to assure checks are completed prior to licensure. The changes need to be approved before the changes can be implemented on the system. 3rd Quarter: N-Focus changes are scheduled to be included in the July 2004 N-FOCUS release. N-FOCUS will identify persons needing a variety of required checks, and it will not be possible to license or approve until the worker indicates that they are completed.
			2. Implement methods.	12/03 1/04 4/04 11/04		1st Quarter: Request extension to 1/04. 2nd Quarter: Request extension to 4/04 as more time is needed to complete. 3rd Quarter: Request extension to 11/04 to follow extension request for 43.2.1
			3. Develop and implement standardized supervisor oversight process to monitor compliance with conducting criminal background checks.	07/03 3/04 6/04 12/04		1st Quarter: Request extension to 3/04. Discussion is underway to determine how best to record the fact that a criminal history check was done on N-FOCUS, so that reports can be created for supervisors to assist in their oversight of this licensing requirement. 2nd Quarter: Request extension to 6/04 as more time is needed to complete. 3rd Quarter: Request extension to 12/04 to follow extension request for 43.2.1
			4. Establish baseline for measuring compliance with criminal background policy	12/03 8/04 12/04		1st Quarter: Request extension to 8/04 to allow for creation of the recording capability on N-FOCUS and time for staff to enter the information for all licensed foster parents.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						3rd Quarter: Request extension to 12/04 to follow extension request for 43.2.1
			5. Establish targeted improvements based on baseline	12/03 10/04 12/04		1st Quarter: Request extension to 10/04 to allow use of N-FOCUS for data gathering. 3rd Quarter: Request extension to 12/04 to follow extension request for 43.2.1
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/03 10/04 and ongoing 02/05		1st Quarter: Request extension to 10/04 to allow use of N-FOCUS for data gathering. 3rd Quarter: Request extension to 2/05 to follow extension request for 43.2.1

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Goal: Nebraska will operate from an identifiable foster and adoptive parent retention and recruitment plan.

Method of Measuring Improvement: Progress of meeting targeted goals identified in benchmarks.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
44.1. Continue to support Nebraska Foster and Adoptive Parent Association mentoring program	Chris Hanus	Item 44. Diligent recruitment of potential foster and adoptive families. (44.5)	1. Renew NFAPA contract to provide financial support for foster family mentors.	07/03	07/03	1st Quarter: Completed contract renewal effective July 1, 2003.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Goal: Nebraska will use State and National Adoption exchanges.

Method of Measuring Improvement: N-FOCUS

Need to include the action steps and benchmarks for 45.3, Develop policy regarding inter-jurisdictional adoptions.